

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040715

1. Corporation Name

DJK DISTRIBUTORS, INC.

Principal Place of Business

9650 NW 52 PLACE
CORAL SPRINGS FL 33076

Mailing Address

9650 NW 52 PLACE
CORAL SPRINGS FL 33076

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/2000

5. FEI Number

65-1012593

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SWILLING, GARY	1220 TANGELO TERR, UNIT #16 9650 NW 52 PL.	DELRAY BEACH FL 33444 Coral Springs, FL 33076

700008755867
11/01/02--01044--004 **150.00

8. Name and Address of Current Registered Agent

SWILLING, GARY
9650 NW 52ND PLACE
CORAL SPRINGS FL 33076

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Gay Swilling SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/28/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Gay Swilling SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02 954-341-3667
Date Daytime Phone #

CR2E040 (8/02)

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter will serve as notice to you that DJK Distributors, Inc. did not receive the prior two uniform business report notices. Please find enclosed the Application for Reinstatement and the \$150.00 filing fee.

Sincerely,



Gary Swilling
President
DJK Distributors, Inc.