


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

04 DEC 14 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---------|---|---------------------------|---|--|
| CORPORATION REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P00000050433 | | | | | |
| 1. Corporation Name 2000 DK Holding Corp. | | | | | |
| 2. Principal Office Address | | | 3. Mailing Office Address | | |
| Suite, Apt. #, etc. | | | P.O. Box 630215 | | |
| City & State | | | City & State | | |
| Miami, FL | | | Miami, FL | | |
| Zip | Country | Zip | Country | | |
| 33163 | USA | 33163 | USA | | |

REINSTATEMENT 01-04

| | | | |
|---|--|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | | 5/22/2000 | |
| 5. FEI Number | | Applied For | |
| 65-1010030 | | Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|--|--|-----------------|-----------------------|
| 7. Name and Address of Current Registered Agent | | | |
| Name DONNA CROVELLA | | | |
| Street Address (P.O. Box Number is Not Acceptable) 2800 Island Blvd #903 | | | |
| Suite, Apt. #, Etc. | | | |
| City Aventura | | State FL | Zip Code 33160 |

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature of Donna Crovella]

Date **12/9/04**

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|--------------------|
| D | Donna Crovella | 2800 Island Blvd #903 | Aventura, FL 33160 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

300043405243
12/14/04--01048--003 **600.00

10. 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:

[Signature of Donna Crovella]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/9/04**

Daytime Phone # **305-828-7231**

CR2E081 (01/04)