

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P000000672054**

1. Corporation Name

DKA INTERNATIONAL, INC.

2. Principal Office Address

625 75 ST APT 3

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip **33141**

Country

3. Mailing Office Address

P.O. BOX, 272828

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip **33427**

Country

U.S.A.

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1098939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

STONE, JACOB JAMES ESQ.

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

428 PLAZA REAL

Suite, Apt. #, Etc.

221

City

BOCA RATON

State
FL

Zip Code
33432

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

REGISTERED AGENT MUST SIGN

800083247018
01/04/07--01040--010 **908.75

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
PD	MERHI, ALMAZA TOUFIC	P.O. BOX, 272828	BOCA RATON, FLA, 33427.
VD	DAKMAK, ASHRAF KAMEL	P.O. BOX, 272828	BOCA RATON, FLA, 33427.
STD	ZAYAS, ARIEL	P.O. BOX, 272828	BOCA RATON, FLA, 33427.

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2006.

Date

954-730-3555.

Daytime Phone #

per conversation didn't receive 2001 RZ notice, and change