2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000103160

City-St-Zip:

DAVIE, FL 33331

Entity Name: DMK TRANSMISSIONS, INC

FILED Oct 04, 2006 Secretary of State

Entity Nai	me: DMK IR/	ANSMISSIONS, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1014 EAST PROSPECT ROAD OAKLAND PARK, FL 33334				4430 NORTH DIXIE HIGHWAY OAKLAND PARK, FL 33334	
Current Mailing Address:			New Mailing Address:		
1014 EAST PROSPECT ROAD OAKLAND PARK, FL 33334			4430 NORTH DIXIE HIGHWAY OAKLAND PARK, FL 33334		
FEI Number	: 65-1052522	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
5400 SOU DAVIE, FL					
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: LLOYD I.	RUBY			
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD (KOODIE, DALE 5707 CLOVER DAVIE, FL 333	DALE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (KOODIE, MEE 5707 CLOVER DAVIE, FL 333	DALE COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (RAI, RAMCOOI 5707 CLOVER		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MEERA KOODIE P 10/04/2006