

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -8 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 901000058403

1. Corporation Name

DMK Electric, Inc.

2. Principal Office Address - No P.O. Box #

2304 Bruner W

3. Mailing Office Address

2304 Bruner W 3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33912

Country

USA

Zip

33912

Country

USA

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

06/08/2001

5. FEI Number
65-1121654

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

David Allen Soltez

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

730 Arthur Avenue

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Allen Soltez

REGISTERED AGENT MUST SIGN

Date JUL 5/2010

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
P	David Allen Soltez	730 Arthur Avenue	Lehigh Acres, Florida 33936

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:

David Allen Soltez DAVID SOLTEZ PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUL 5/2010 239-872-1690

Date

Daytime Phone #

7/8/2010