

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000069460**

1. Corporation Name

DK MAR, INC.

Principal Place of Business

Mailing Address

**2505 - A NW 72 AVENUE
MIAMI FL 33166**

**2505 - A NW 72 AVENUE
MIAMI FL 33166**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



200025463392
12/12/03--01049--029 **175.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2001

5. FEI Number

65-1121604

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
PSTD	MARTINEZ, EDUARDO J	2505 - A NW 72 AVENUE	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARTINEZ, EDUARDO J
2505 - A NW 72 AVENUE
MIAMI FL 33166**

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 **X**

REGISTERED AGENT MUST SIGN

Date **X 12/05/03.**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



December 02, 2003

Florida Department of State
Tallahassee, FL 32314-6327
USA

Gentlemen:

Please be informed that I did not received your notices that you mailed before this notice enclosed.

Please find enclosed the form with the US\$ 150.00.

Should you have any questions or need more information, please do no hesitate to contact us at 011-58-291-6430379.

Thank you in advance for your cooperation on this matter, I remain,

Sincerely yours,

Eduardo Martinez

A handwritten signature in black ink, appearing to be 'Eduardo Martinez', written over a horizontal line.

ORIGINAL