

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 NOV 13 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004121

1. Corporation Name

MK FINANCIAL SERVICES, INC.

Principal Place of Business

7203 ASHFORD LANE  
BOYNTON BEACH FL 33437

Mailing Address

7203 ASHFORD LANE  
BOYNTON BEACH FL 33437

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/2002

5. FEI Number

☒ 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
PRES.	MICHAEL KOGAN	7203 ASHFORD LANE	BOYNTON BEACH, FL 33437

300024250953  
10/29/03--01041--016 \*\*150.00

8. Name and Address of Current Registered Agent

KOGAN, MICHAEL  
7203 ASHFORD LANE  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2ED040 (7/03)

Raymond M. DiRocco, CPA  
Licensed in Florida  
Allan B. Dombrow, CPA  
Licensed in Florida, New Jersey, Texas

Commercial Point Plaza  
3601 W. Commercial Blvd.  
Suite 39  
Ft. Lauderdale, FL 33309  
Tel: (954) 731-8181  
Fax: (954) 739-1054  
e-mail: ddcpa@bellsouth.net

## DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

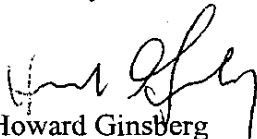
October 20, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: MK Financial Services, Inc.  
Document Number: P0200004121  
Certificate of Dissolution

Our client has received the attached notice. You will note that this would have been the first corporation annual report to be filed by said corporation. Our client claims that until this notice, he had no knowledge of the filing requirements. It was never his intention not to adhere to all rules and regulations. We are enclosing a check in the amount of \$150.00. Please accept this and reinstate the above corporation. Our client will file all future reports on a timely basis. Again, we ask forgiveness for a first time businessman with no knowledge of the requirements.  
Thank you for your consideration.

Sincerely,



Howard Ginsberg  
For the Firm