


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
04 JAN -7 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007292
1. Corporation Name
DSTK ENTERPRISES, INC.

Principal Place of Business Mailing Address
20400 N.W. 24TH AVENUE MIAMI FL 33056
20400 N.W. 24TH AVENUE MIAMI FL 33056
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 07



300026298973
01/07/04--01003--009 **750.00

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 01/15/2002
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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MINGO, DWAYNE K	20400 N.W. 24TH AVENUE	MIAMI FL 33056

8. Name and Address of Current Registered Agent
MINGO, HENRY W JR
4900 N.W. 179TH STREET
MIAMI FL 33056

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *Henry W Mingo* REGISTERED AGENT MUST SIGN
Date 12-30-03

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: *Glenda E Hood* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 12/30/03 Daytime Phone # 385-625-7451

CR2E040 (7/03)