

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 12 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

D-02000046117
D & K Framing & Finishing Inc.

2. Principal Office Address

2259 Lake Lizzie Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

2259 Lake Lizzie Ct.
Suite, Apt. #, etc.

City & State

St. Cloud

City & State

St. Cloud

Zip

34711

Country

Osceola

Zip

34771

Country

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/02

5. FEI Number

42-1534288

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

Christina Horn

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

2259 Lake Lizzie Ct.

Suite, Apt. #, Etc.

City

St. Cloud

State

FL

Zip Code

34771

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

Christina Horn

REGISTERED AGENT MUST SIGN

Date

1/23/04

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	Christina Horn	2259 Lake Lizzie Ct	St. Cloud Fl. 34771

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 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:

Christina Horn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/04

Daytime Phone #

407-891-7744

CR2E081 (10/02)