

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 NOV -9 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000047745

1. Corporation Name

DAK Controls Inc.

Wb7-52677

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

2430 Vanderbilt Beach Rd

3. Mailing Office Address

Suite, Apt. #, etc.

108 Box 177

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip
34109

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4/26/2002

5. FEL Number

04-3646744

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 T. Borowski

Street Address (P.O. Box Number is Not Acceptable)
6061 Cypress Hollow Way

Suite, Apt. #, Etc.

City
Naples, Florida

State
FL

Zip Code
34109

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 Borowski

Date 10/13/2007

REGISTERED AGENT MUST SIGN

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
Pres.	Jason D. Borowski	7826 GREAT HERON WAY #301	NAPLES, FL 34104
VP	David T. Borowski	6061 CYPRESS HOLLOW WAY	NAPLES, FL 34109
VP	Aaron P. Borowski	6061 CYPRESS HOLLOW WAY	NAPLES, FL 34109

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 Borowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-07

Date

Daytime Phone #

11/14 ad