

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000078514

1. Corporation Name

D&K Land Development, Inc

FILED
04 APR 30 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

538 Calle Escada

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

3. Mailing Office Address

538 Calle Escada

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 2002

5. FEI Number

45-0483062

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

Kimberly L. Nicolalde

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

538 Calle Escada

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

Kimberly L. Nicolalde

Date 04/14/04

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
<u>P</u>	<u>Kimberly L. Nicolalde</u>	<u>538 Calle Escada</u>	<u>Santa Rosa Beach FL</u> <u>32459</u>

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:

Kimberly L. Nicolalde, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/14/04

Daytime Phone #

850-

622-8128

CR2E061 (01/04)