

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *P02 000122718*

1. Corporation Name

DKT Properties, Inc.

2. Principal Office Address

P.O. Box 1470

3. Mailing Office Address

P.O. Box 1470

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Panama City, Florida

Zip

32402

Country

USA

Zip

32402

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/02

5. FEI Number

51-0441071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

R. Waylon Thompson

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

314 Magnolia Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

*R. Waylon Thompson*  
REGISTERED AGENT MUST SIGN

Date

10/07/03

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
PD	Robert W. Thompson	P.O. Box 1470	Panama City, FL 32402
STD	Donna K. Thompson	P.O. Box 1470	Panama City, FL 32402

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:

*Robert W. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert W. Thompson

10/07/03

Date

(850) 785-5555  
Daytime Phone #

03 OCT -8 PM 12:13

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

200023937162  
10/20/03--01009--036 \*\*158.75

CR2E081 (10/02)

**DKT Properties, Inc.**

P.O. Box 1470  
Panama City, Florida 32402  
(850) 785-5555

October 7, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of DKT Properties, Inc.

Dear Sir/Madam:

Please be advised that I did not receive the 2003 Uniform Business Report (UBR). The correct principal address for DKT Properties is P.O. Box 1470, Panama City, Florida 32402.

Enclosed herewith is a completed Corporation Reinstatement form, as well as a check in the amount of \$158.75. Please accept this payment to reinstate DKT Properties, Inc., and issue a Certificate of Good Standing (CGS).

Thank you for your attention to this matter.

Very truly yours,



R. Waylon Thompson

RWT/art

Enclosure(s): as stated