

2004 FOR PROFIT CORPORATION REINSTATEMENT


182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 15 AM 8:00

REINSTATEMENT

04

DOCUMENT # P03000149468		
1. Entity Name D K QUALITY CONSTRUCTION, INC.		

Principal Place of Business 2826 S M U BLVD ORLANDO, FL 32817	Mailing Address 2826 S M U BLVD ORLANDO, FL 32817
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10112004	REIN-P	CR2E098 (6/04)	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 88-0517019			
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHANSEN, HENRIK 2826 S M U BLVD ORLANDO, FL 32817		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JOHANSEN, HENRIK 2826 S M U BLVD ORLANDO, FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600041908846 10/15/04--01101--003 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRIK JOHANSEN 10-13-04 321228372

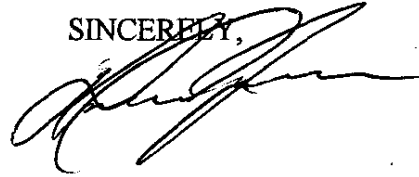
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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OCTOBER 11, 2004

TO WHOM THIS MAY CONCERN:

I HENRICK JOHANSEN OF DK QUALITY CONSTRUCTION, INC WISH TO
BE RE-INSTATED. I RECEIVED THE NOTICE SOME TIME IN AUGUST AND
WITH ALL THE HURRICANES, I MISSED THE DEADLINE. I WAS TOLD TO
SEND IN THE REINSTATEMENT FORM WITH \$ 150.00 TO TAKE CARE OF
THIS MATTER.

SINCERELY,

A handwritten signature in black ink, appearing to be "Henrick Johansen", written over the word "SINCERELY,".