

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 1:11

DOCUMENT # P04 000017111

1. Corporation Name

DKG Construction Services, Inc.

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

22326 SE 41 W

Suite, Apt. #, etc.

0

City & State

Hawthorne FL

Zip

32640

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-22-04

5. FEI Number

593773543

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daren K Grimes

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

22326 SE 41 W

Suite, Apt. #, Etc.

City

Hawthorne

State

FL

Zip Code

32640

☒ 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

Daren Grimes

REGISTERED AGENT MUST SIGN

Date

3/31/08

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	Daren K Grimes	22326 SE 41 Lane	Hawthorne FL 32640

400121949794
04/02/08--01034--014 **458.75

REINSTATEMENT

06-08

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:

Daren Grimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 3524949098

Date

Daytime Phone #