

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 27 A 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000032527

1. Corporation Name

AMKA CORP.

000160031210
08/27/09--01047--012 **450.00

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

3870 LYONS ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

Zip

33073

Country

Zip

Country

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

03-02-2005

5. FEI Number
20-2431540

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 E. BUCK

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

2900 EAST OAKLAND PARK BOULEVARD

Suite, Apt. #, Etc.

103

City

FORT LAUDERDALE

State

FL

Zip Code

33306

☒ 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

REGISTERED AGENT MUST SIGN

Date 08-19-2009

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
DPV	KING, ARNOLD M.	3870 LYONS ROAD, # 112	COCONUT CREEK, FL 33073
DST	KING, ARNOLD M.	3870 LYONS ROAD, # 112	COCONUT CREEK, FL 33073

REINSTATEMENT
07-09
[Signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

08-19-2009

Date

954-979-4330

Daytime Phone #