

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|---------------------------------------|--|-------------------------------------------------------------------------------|
| CORPORATION REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P05000032527 | | |
| 1. Corporation Name AMKA CORP. | | |

| | | | |
|----------------------------------------------------------------------------------------|---------|---------------------------|-------------------|
| 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 |
| 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 |

| 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 | | Date 08-19-2009 | |
| 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 |
| DPV | KING, ARNOLD M. | 3870 LYONS ROAD, # 112 | COCONUT CREEK, FL 33073 |
| DST | KING, ARNOLD M. | 3870 LYONS ROAD, # 112 | COCONUT CREEK, FL 33073 |
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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:  | PRESIDENT | 08-19-2009 | 954-979-4330 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E081 (12/08)

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

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.

REINSTATEMENT
07-09
AB