

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000093411

1. Entity Name
D & K ENTERPRISES II, INC.



Principal Place of Business
435 HILLCREST DRIVE
OVIEDO, FL 32765-8716

Mailing Address
435 HILLCREST DRIVE
OVIEDO, FL 32765-8716

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

J LARSEN & ASSOCIATES, INC.
2400 E COMMERCIAL BLVD STE. 511
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name *J Larsen & Associates PC*
Street Address (P.O. Box Number is Not Acceptable)
3471 N Federal Hwy, ste 400
City *Fort Lauderdale* FL Zip Code *33306*

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 *Heath J. Hansen*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *10/29/07*

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS-BETHELL, KIM
STREET ADDRESS 435 HILLCREST DRIVE
CITY-ST-ZIP OVIEDO, FL 327658716 ☐ Delete

TITLE SD
NAME BETHELL, DOUGLAS
STREET ADDRESS 435 HILLCREST DRIVE
CITY-ST-ZIP OVIEDO, FL 327658716 ☐ Delete

TITLE TD
NAME DOUGLAS, BETHELL
STREET ADDRESS 435 HILLCREST DR
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Deeja C. Bethell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *Dec 31, 2007*

DAYTIME PHONE # *913 907 2208*

FILED

08 JAN -8 AM 10:52

CLERK OF STATE
TALLAHASSEE, FLORIDA



1011207 REINSTATEMENT 0098 (1/07) 07

4. FEI Number
20-3099972
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

600114243426
01/08/08--01005--014 **750.00