

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 19 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials and date: 11-19-09

DOCUMENT # P05000163294

1. Corporation Name

DEK OF SW FL. INC

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

3933 SE 11th Pl.

3. Mailing Office Address

Suite, Apt. #, etc.

Unit 206-B

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Zip

33904

Country

USA

Zip

Country

300162942893
11/19/09--01002--003 **450.00

REINSTATEMENT

Handwritten: 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/13/2005

5. FEI Number

203885321

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

Dustin Kaczoroski

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

3933 SE 11th Pl.

Suite, Apt. #, Etc.

Unit 206-B

City

Cape Coral

State

FL

Zip Code

33904

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

Handwritten signature of Dustin Kaczoroski

REGISTERED AGENT MUST SIGN

Date 16 Nov 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
P	Dustin Kaczoroski	3933 Se 11th Pl. Unit 206-B	Cape Coral Fl 33904

10. E-mail Address: dkaczoroski@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Handwritten signature of Dustin E. Kaczoroski

Dustin E. Kaczoroski

16 Nov 2009 4403445096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #