

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -4 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P070000006822**

1. Corporation Name

DKT Consulting Services, Inc.

REINSTATEMENT 08-10

500167986185
02/04/10--01005--022 **450.00

CR2E081 (11/09)

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

4400 Northcorp Parkway

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33410

Country

3. Mailing Office Address

445 Juno Dunes Way

Suite, Apt. #, etc.

City & State

Juno Beach, FL

Zip

33408

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/2007

5. FEI Number
20-8269039

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 Tabony

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

445 Juno Dunes Way

Suite, Apt. #, Etc

City

Juno Beach

State

FL

Zip Code

33408

☒ 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 **2/2/2010**

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,T, S	David Tabony	445 Juno Dunes Way	Juno Beach, FL 33408
C	David Tabony	445 Juno Dunes Way	Juno Beach, FL 33408
D	Debra Tabony	445 Juno Dunes Way	Juno Beach, FL 33408
D	Harry Tabony	1705 Milan St	New Orleans, LA 70115
			JK 2/5

10. E-mail Address: **info@dktc.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Tabony

2/2/2010

561/847-7171

Date

Daytime Phone #