

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001253

1. Corporation Name

DFK Trading Corp.

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

7686 Stonehaven Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2424 N Federal Hwy

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

US

Zip

33431

Country

US

7. Name and Address of Current Registered Agent

Name

Myrna Keisman

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

7686 Stonehaven Lane

Suite, Apt. #, Etc.

City

Boca Raton, FL

State

FL

Zip Code

33496

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1994

5. FEI Number

65-0470116

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

400211323254
08/22/11--01051--004 **1050.00

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

Myrna Keisman
REGISTERED AGENT MUST SIGN

Date **August /8, 2011**

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	Myrna Keisman	7686 Stonehaven Lane	Boca Raton, FL 33496

10. E-mail Address: **kera.draetta@akerman.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Myrna Keisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/11

(561)862-4032

8/23