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|---|---|-------------------------|---|--|---|---|--------------------------------|--|
| REIN | PLEASE READ A | FLURIDA DI San Se | JCTIONS EPARTMEN dra B. Mort cretary of St DN OF CORPOR | tate | | NG THIS FORM APPHOVED AND FILED | 100 | |
| DOCUMENT # P9400076742 | | | | |] | B DEC 21 AM 8 | | |
| 1. Corporation Name | | | | ļ | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| MDK INVESTMENT CO., INC. | | | | |) | | 1167 | |
| Principal Pl | ace of Business | Mailing Address | | | | | | |
| 18551 N. TAMIAMI TRAIL 18551 N. TAM NORTH FT MYERS FL 33903 NORTH FT MY | | | IIAMI TRAIL YERS FL 33903 | | | | | |
| tolini i mene iz soco | | | | | 1 | , 1 4 114 41 111 141 111 48 111 38 111 | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Apolicable 7. 3. New Mailing Office Address, If Apolicable 7. | | | | | 4 Date Income | prated or Qualified | | |
| Suite, Apt. # etc. | | | | Bridge | To Do Busin | ess in Florida | 10/19/1994 | |
| City & State 7 1 City & State 7 | | | | 0 = | 5. FEI Number | 65-0547732 | Applied For Not Applicable | |
| Zip 2 da / Country o Zip 2 da / | | | | 200 | 6. | | \$8.75 Additional Fee required | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | |
| Title(s) | Name of Officers and/or Directors | | Stre | et Address of Each cer and/or Director | | | State / Zip | |
| <u>1</u> | Z WANAVOS MADY D | 3 | | Post Office Box Nu | imbers) | A NODEL STANSON ST | | |
| • | KANAVOS, MARK D 48551 N. TA | | | MI-TRAIL— ROBTH FT MYERS FL 33903— REJUNYERS FL 33903— REJUNYERS FL 33903— | | | | |
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| | | | | - <u></u> | 8000027240789 -12/28/9801142009 *****150.00 *****150.00 | | | |
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| | | | | | | | | |
| | 8. Name and Address of Current Registered Agent | | | | 9. Name and A | Address of New Registers | ed Agent | |
| Name /// | | | | | IN Kanaucs | | | |
| FISHER, ANDREA F 1221 BRICKELL AVE. Street Address (F | | | | | Office Number | is Not/Acceptable) | | |
| MIAMI FL 33131 Suité, Apt. #, Etc. | | | | | J | | | |
| M City | | | | | Myer | S F | ate Zip Code 3/9 | |
| , - | | e named corporation | | | oligations of Section | on 607.0505, F.S. | | |
| Signature o Registered | Agent | SISTERED AGENT | | IRED | | Date | | |
| 1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No | | | | | | | | |
| 12. 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 under section 119,07(3)(i), 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



MARK D. KANAVOS

106 Hancock Bridge Parkway Unit D15-543 Cape Coral, FL 33991 (941) 731-2700 Telephone (941) 283-8754 Telefax

December 13, 1998

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

I spoke with your office on Thursday regarding the reinstatement form I received in the mail; the same day I received the return of my limited partnership return. As you can see there was a change of address done last year. It was done on the Limited Partnership but not on the General Partner. We moved July, 1997. The new company that moved into our old address has just forwarded this to me. Your office said to send in the \$150.00 due to the address confusion.

Thank you in advance for reinstatement of the corporation.

Sincerely

Mark D. Kanavos