

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000023679

1. Corporation Name

M.K.D. INVESTMENTS, INC.

Principal Place of Business

2401 SOUTH OCEAN DR SUITE 1901
HOLLYWOOD FL 33019

Mailing Address

2401 SOUTH OCEAN DR SUITE 1901
HOLLYWOOD FL 33019

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1997

5. FEI Number

65-0757292

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
PD	EARLMAN, MICHAEL	2401 SOUTH OCEAN DR SUITE 1901	HOLLYWOOD FL 33019
VD	EARLMAN, DENISE	2401 SOUTH OCEAN DR SUITE 1901	HOLLYWOOD FL 33019
STD	EARLMAN, KEITH	2401 SOUTH OCEAN DR SUITE 1901	HOLLYWOOD FL 33019

REINSTATEMENT

8. Name and Address of Current Registered Agent

ARDEN, ROBERT B
8751 W BROWARD BLVD.
SUITE 305
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Michael Earlman

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

2401 South Ocean Dr

Suite, Apt. #, Etc.

1901

City

Hollywood

State

FL

Zip Code

33019

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Michael Earlman

REGISTERED AGENT MUST SIGN

Date

1/6/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

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:

Michael Earlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

954-925-2888
Daytime Phone #

CR2E040 (6/98)