


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 DEC -5 PM 4:00

DOCUMENT # P97000033437

1. Corporation Name
 DHK WHOLESALE, INC.

600004740266--8
 -12/26/01--01109--016
 ****750.00 ****750.00

REINSTATEMENT *DN*

2. Principal Office Address
 3161 W OAKLAND PARK BLVD. P.O. Box 272828

Suite, Apt. #, etc.
 1645

City & State
 Fort Lauderdale, FL

Zip
 33311

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
 Boca Raton, Florida

Zip
 33427

4. Date Incorporated or Qualified To Do Business in Florida
 04-11-1997

5. FEI Number
 65-0752339

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 DAKMAK, KAMEL H

Street Address (P.O. Box Number is Not Acceptable)
 3161 W Oakland Park Blvd.

Suite, Apt. #, Etc.
 1645

City
 Fort Lauderdale

State
 FL

Zip Code
 33311

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 *Kam*
 REGISTERED AGENT MUST SIGN

Date *12-03-01*

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
PD	DAKMAK KAMEL H	3161 W OAKLAND PARK Blvd.	FT. LAUDERDALE, FL 33311
vD	DAKMAK, ASHRAF K	3161 W OAKLAND PARK Blvd.	FT. LAUDERDALE, FL 33311
STD	DAKMAK, ALI K	3161 W OAKLAND PARK BLVD.	FT. LAUDERDALE, FL 33311

10. 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12-03-01*
 Daytime Phone # *561-213-2821*

CR2E081 (9/00)