

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033437

1. Corporation Name

D H K WHOLESALE, INC.

3161 WEST OAKLAND PARK BLVD

2. Principal Office Address

3161 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

1645

City & State

FORT LAUDERDALE, FL 33311

Zip

Country

3. Mailing Office Address

P.O. BOX 272828

Suite, Apt. #, etc.

City & State

BOCARATON FLORIDA

Zip

33427

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

65-0752339

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

DAKMAK ASHRAF K

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

3161 WEST OKLAND PARK BLVD

Suite, Apt. #, Etc.

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

Date

REGISTERED AGENT MUST SIGN

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, HUSSEIN K	3161 WEST OKLAND PARK BLVD	FORT LAUDERDALE, FL. 33311
VD	DAKMAK, ASHRAF K	3161 WEST OKLAND PARK BLVD	FORT LAUDERDALE, FL. 33311
STD	DAKMAK, ALI K	3161 WEST OKLAND PARK BLVD	FORT 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-504-6539

Daytime Phone #

CR2E081 (01/04)

22/2

October 19, 2004

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Uniform Business Report
D. H. K. Wholesale, Inc.
Certificate # # P97000033437

Attached please find the Annual Renewal Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

Please accept the 150.00 Dollars payment and waive the penalty for being late for the year 2004 filing, due to the fact that I did not received the annual renewal report on time to file.

If further information is needed, please contact me.

Sincerely,


Ashraf K Dakmak