

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 23 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000033437

1. Corporation Name

D H K WHOLESALE, INC.

**FILING CANCELLED
RETURNED CHECK**

900177297909

04/23/10--01053--002 **458.75

REINSTATEMENT 08-10

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

3161 W OAKLAND PARK BLVD

3. Mailing Office Address

P.O. BOX, 272828

Suite, Apt. #, etc.

1645

Suite, Apt. #, etc.

NONE

City & State

FORT LAUDERDALE, FL

City & State

BOCA RATON, FLORIDA

Zip

33311

Country

U.S.A

Zip

33427-2828

Country

U.S.A

4. Date Incorporated or Qualified

To Do Business in Florida **04/11/1997**

5. FEI Number

650752339

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

HUSSEIN KAMEL DAKMAK

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

3161 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.

SUITE # 1645

City

FORT LAUDERDALE

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **04/20/2010**

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	KAMEL HUSSEIN DAKMAK	3161 W OAKLAND PARK BLVD 1645	FORT LAUDERDALE FL 33311
VP	HUSSEIN KAMEL DAKMAK	3161 W OAKLAND PARK BLVD 1645	FORT LAUDERDALE FL 33311
STD	ALI KAMEL DAKMAK	3161 W OAKLAND PARK BLVD 1645	FORT LAUDERDALE FL 33311

10. E-mail Address: **NONE**

(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., 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUSSEIN KAMEL DAKMAK

Date **04/20/2010** 954-730-3555

Daytime Phone #

4/26/2010