

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 17 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045425

1. Corporation Name

DUSK CORPORATION

137 N. LARCHMONT BLVD.
137 N. LARCHMONT BLVD.

2. Principal Office Address

137 N. LARCHMONT BLVD.

3. Mailing Office Address

137 N. LARCHMONT BLVD.

Suite, Apt. #, etc.

434

Suite, Apt. #, etc.

434

City & State

LOS ANGELES, CA

City & State

LOS ANGELES, CA

Zip

90004

Country

USA

Zip

90004

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 5/20/1997**

5. FEI Number
65-0765587

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

MICHAEL V. FINUCCIO, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5891 SW 132 TERRACE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33156

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**

Michael V. Finuccio
REGISTERED AGENT MUST SIGN

Date

11-3-2004

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	MAJANDRA DELFINO	137 N. LARCHMONT BLVD. #434	LOS ANGELES, CA 90004

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

11-8-2004

Daytime Phone #

(305) 770 1907

CR2E081 (01/04)