PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB -7 AM 2:49

REINSTATEMENT 2012

CR2E081 (11/10)

DOCUMENT # P98000021126

1. Corporation Name
Dyanki, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
580 Village Blvd.	580 Village Blvd.
Suite, Apt. #, etc.: Suite #110	Suite, Apt. #, etc.: Suite #110
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/2/1998

5. FEI Number: 65-0826927 ☐ 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: Albert Blair, Esq.

Street Address (P.O. Box Number is Not Acceptable): 400 Sawgrass Corporate Parkway

Suite, Apt. #, Etc.: Suite #320

City: Ft. Lauderdale State: FL Zip Code: 33325

200220773312
02/07/12--01022--018 **750.00

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: 2-3-12

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
P/D	Roger G. Morse	504 Snake Hill Road	Poestenkill, NY 12140
VPSD	Dean A. Zehnter	8491 Whispering Oaks Way	West Palm Beach, FL 33411
T/D	Andrea L. Grdina	8491 Whispering Oaks Way	West Palm Beach, FL 33411
VP	Henry H. Glass	1006 Cape Cod Terrace	Greenacres, FL 33413

10. **E-mail Address:** agrdina@mzaconsulting.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 2/3/12 561-712-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEB 07 2012