

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000066821**

1. Corporation Name

**DKY, INC.**

Principal Place of Business

Mailing Address

~~7227 SW 157 AVE~~  
~~MIAMI FL 33193~~  
~~US~~

~~7227 SW 157 AVE~~  
~~MIAMI FL 33193~~  
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**4146 SW 190 AVE.**

Suite, Apt. #, etc.

City & State  
**MIRAMAR FL.**

Zip **33029** Country **U.S.A.**

3. New Mailing Office Address, If Applicable

**4146 SW 190 AVE.**

Suite, Apt. #, etc.

City & State  
**MIRAMAR FL.**

Zip **33029** Country **U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/29/1998**

5. FEI Number

**65-0855564**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	KOUTSODENDRIS, DIMITRIOS	4146 SW 190 AVENUE	MIRAMAR FL 33029

8. Name and Address of Current Registered Agent

**KOUTSODENDRIS, DIMITRIOS**

~~7227 SW 157TH AVE~~

~~MIAMI FL 33193~~

9. Name and Address of New Registered Agent

Name

**KOUTSODENDRIS, DIMITRIOS**

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

**4146 S.W. 190 AVE.**

Suite, Apt. #, Etc.

City

**MIRAMAR**

State

**FL**

Zip Code

**33029**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**11/25/03**

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 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

**DIMITRIOS KOUTSODENDRIS**

Date

**11/25/03**

Daytime Phone #

**954-441-6529**

CR2E040 (7/03)