APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P98000108304 DOCUMENT #

1. Corporation Name

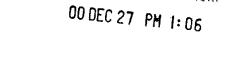
W.K. HOLDINGS, CORP.

Principal Place of Business

Mailing Address

THUNDERBOAT MARINA 2050 GRIFFIN ROAD DANIA FL

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SECRETARY OF STATE DIVISION OF CORPORATIONS FILED

STATEMENT OD If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 12/30/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0953027 City & State - -Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director Title(s) KUSH, WALTER 2051 GRIFFIN ROAD DANIA BCH. FL 33312 100003523901---01/04/01--01102--002 ****750-00--***750-00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name ALLOCCO, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 1975 E. SUNRISE BLVD., 5TH FLOOR Suite, Apt. #, Etc. FT. LAUDERDALE FL 33304 Zip Code 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. Signature of Registered Agent

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 filling 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.

10-12-00 97-962-2600 Date Daytime Phone #

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