

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 JUN 21 PM 2:39

DOCUMENT # P99000092151

1. Corporation Name

D & V ENTERPRISES OF HOLLYWOOD (), INC.

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

6281 Pembroke Rd.

3. Mailing Office Address

6281 Pembroke Rd

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip
33023

Country
USA

Zip
33023

Country
USA

100329783001

05/21/19--01003--021 **1235.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1999

5. FET Number

65-0983217

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sheila Drucker

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

6281 Pembroke Rd

Suite, Apt #, Etc

City
Hollywood

State
FL

Zip Code
33023

RW

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

Sheila Drucker

REGISTERED AGENT MUST SIGN

Date 5/16/19

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
Pres	Sheila Drucker	6281 Pembroke Rd	Hollywood Florida 33023

10. E-mail Address: info@ykat.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:

Sheila Drucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/19

Date

Daytime Phone #