

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 APR 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S08868

1. Corporation Name

DMK 1992, INC.

Principal Place of Business

1722 PEBBLE HILL CT.  
PALM HARBOR FL 34883

Mailing Address

1722 PEBBLE HILL CT.  
PALM HARBOR FL 34883



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

10/24/1990

5. FEI Number

59-3147527

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	KOLOVOS, DEMETRIOS	1990 SUNSET POINT RD.	CLEARWATER FL
D	KOLOVOS, MARIA	1990 SUNSET POINT RD.	CLEARWATER FL

600002169486--8  
-05/07/97--01065--008  
\*\*\*\*\$15.00 \*\*\*\*\$15.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

LAMPATHAKIS, JAMES D.  
1299 MAIN ST.  
SUITE E  
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

REGISTERED AGENT MUST SIGN

Date

4/28/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

DEMETRIOS KOLOVOS 9/10/96 813-4464880

Date

Daytime Phone #

CR2E040 (7/96)