PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-28368

1. Corporation Name
J.C Duncan & Associates, Inc.

14500 Bokeelia Road
PO Box 821

2. Principal Office Address		3. Mailing Office Address	
14500 Bokeelia Road		PO Box 821	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Bokeelia, Florida		Bokeelia, Florida	
Zip	Country	Zip	Country
33922	USA	33922-0821	USA

4. Date Incorporated or Qualified To Do Business In Florida 6/93

5. FEI Number 59-2986895 ☐ 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
James C. Duncan 09/10/04--01052--011 **450 00

Street Address (P.O. Box Number is Not Acceptable)
14500 Bokeelia Road

Suite, Apt. #, Etc. 09/10/04--01052--011 **450 00

City Bokeelia | State FL | Zip Code 33922

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 9/2/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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.	James C. Duncan	14500 Bokeelia Road	Bokeelia, F l 33922
V. Pres	Debrah A. Duncan	14500 Bokeelia Road	Bokeelia, Fl 33922

10. 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: JAMES C. DUNCAN 9/2/04 239-283-8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #