PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[redacted]ORATION
[redacted]NSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28368

1. Corporation Name

J C Duncan & Associates, Inc.

000259760770
05/01/14--01031--012 **300.00
CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
34629 Heavenly Lane	34629 Heavenly Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dade City, FL	City & State: Dade City
Zip: 33525-6266 Country: USA	Zip: 33525-6266 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: November 6, 1989

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: Ken Arena, P.A. dba Ken Arena Accounting & Tax Service
Street Address (P.O. Box Number is Not Acceptable): 912 Lithia Pinecrest Road
Suite, Apt. #, Etc.:
City: Brandon, FL State: FL Zip Code: 33511-6121

000259760770
06/12/14--01010--006 **600.00

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: Ken Arena EA Date: 4/29/14
REGISTERED AGENT MUST SIGN

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
P/VP/S/T	Debrah A. Duncan	34629 Heavenly Lane	Dade City, FL 33525-6266
	REINSTATEMENT		JUN 12 2014 R. HUNT

10. E-mail Address: debbie@jcduncanassoc.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: DEBRAH A. DUNCAN Debrah A Duncan 4/30/14 (352)668-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #