

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAR -6 PM 4:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #M70188

1. Corporation Name

Dur-Rich Realty, Inc.

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

366 N. Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

366 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1988

5. FEI Number

59-287439

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

Judith H. Richman

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

366 N. Atlantic Avenue

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

900257490959
03/06/14--01003--008 **900.00

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

REGISTERED AGENT MUST SIGN

Date 02/28/2014

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
DPT	Judith H. Richman	366 N. Atlantic Avenue	Cocoa Beach, FL 32931

10. E-mail Address: Judy@Durrich.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:

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/2014

361-793-6147

89.3/14