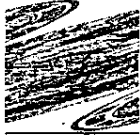


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P01000071610

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 11:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

800025388928 12/10/03 01042-009 **150.00

BK

DOCUMENT # P01000071610

1. Corporation Name

DUET INVESTMENTS, INC.

2. Principal Office Address

4779 LAKESHORE LOOP

Suite, Apt. #, etc.

3. Mailing Office Address

4779 LAKESHORE LOOP

Suite, Apt. #, etc.

City & State

OLDSMAR

City & State

FL 34677

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/18/01

5. FEI Number

NONE

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

HEATHER L. HARTMAN

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

4779 LAKESHORE LOOP

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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

Heather Hartman

REGISTERED AGENT MUST SIGN

Date

12/2/03

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
D	HEATHER L. HARTMAN	4779 LAKESHORE LOOP	OLDSMAR, FL 34677

800025388928 12/10/03 01042-010 **750.00

REINSTATEMENT 2002-2003

BK

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:

Heather Hartman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/03

Date

Daytime Phone #

CR2E081 (10/02)