

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

97 NOV -5 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 514784**

1. Corporation Name

**DUKE INDUSTRIES, INC.**

Principal Place of Business

**1830 NW 144 STREET, SUITE A  
NORTH MIAMI FL 33181-8420**

Mailing Address

**1830 NW 144 STREET, SUITE A  
NORTH MIAMI FL 33181-8420**

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

2. New Principal Office Address, If Applicable  
**1175 N.E. 125 Street**

Suite, Apt. #, etc.  
**Suite 305**

City & State  
**North Miami, Florida**

Zip Country  
**33161 Dade**

3. New Mailing Office Address, If Applicable  
**1175 N.E. 125 Street**

Suite, Apt. #, etc.  
**Suite 305**

City & State  
**North Miami, Florida**

Zip Country  
**33161 Dade**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/11/1976**

5. FEI Number  
**59-1701411**

☒ 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
PD	PEARLMAN, ARTHUR	1830 NW 144 ST STE A 1175 N.E. 125 St., STE 305	NORTH MIAMI FL
VST	GORDON, ELAINE	1830 NW 144 ST STE A 1175 N.E. 125 St., STE 305	NORTH MIAMI FL

*Handwritten signature/initials*

8. Name and Address of Current Registered Agent

**PEARLMAN, ARTHUR  
1830 NW 144 ST STE A  
NORTH MIAMI FL 33181- 33161**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Handwritten signature of Arthur Pearlman*

REGISTERED AGENT MUST SIGN

Date

**10/31/97**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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

*Handwritten signature of Arthur Pearlman*

**10/31/97 (305) 898-0240**

CR2E040 (8/97)



October 30, 1997

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

Re: Document No. 51484 - FEI Number 59-1701411

Please be advised that Duke Industries, Inc. never received last year report to file for the Division of Corporation. This corporation was active and remains active.

Thank you for your cooperation in this matter.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Arthur Pearlman".

Arthur Pearlman  
President

AP/ip