

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 585581

1. Corporation Name

MARGARET B. DURWIN REAL ESTATE, INC.

Principal Place of Business

585 43RD AVE
VERO BCH. FL 32968
US

Mailing Address

P. O. BOX 3692
VERO BEACH FL 32964-3692
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1978

5. FEI Number

59-1852865

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 3	City / State / Zip 4
PDC	DURWIN, MARGARET B.	585 43RD AVE.	VERO BEACH FL
ST	DURWIN, MARGARET B.	585 43RD AVE.	VERO BEACH FL
DV	DURWIN, COLE	585 43RD AVENUE	VERO BEACH FL
DV	DURWIN, KELLY A	585 43RD AVE	VERO BCH. FL

600037949006
06/15/04--01014--014 **1050.00

8. Name and Address of Current Registered Agent

DURWIN MARGARET B.
585 43RD AVE
VERO BCH. FL 32968

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

June 10, 2004

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 JUN 14 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-04

CR2E040 (6/02)