

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 684270

1. Corporation Name
DURLAR, INC.

FILED
98 DEC -2 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 732 NW 76TH AVE MIAMI FL 33126 US	Mailing Address P.O. BOX 52-7801 MIAMI FL 33152-7801 US
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REINSTATEMENT 18

4. Date Incorporated or Qualified To Do Business in Florida 08/08/1980

5. FEI Number 59-2029086

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional fee required for a Certificate of Status

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	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 08/08/1980	5. FEI Number 59-2029086	Applied For Not Applicable
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
SD	ADRIANI, TERESA V	13225 SW 111 TERRACE #1	MIAMI, FL 00000 33186
PD	LARCO, VICTOR M	11378 SW 86 LANE Apt. 1104 1450 South Bayshore Dr	MIAMI, FL 00000 33130
D	DURAND, PAUL M	YEROVI 177	LIMA 27 00000
D	RAMIEREZ, VICTOR	AVENIDA 11 CALLE 20, APTO. POSTA	SAN JOSE CO
			400002705054-7 -12/07/98-01143-023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARCO, VICTOR M 732 N.W. 76TH AVE MIAMI FL 33126	Name	
	Street Address (P.O. Box Number is Not Acceptable)	400002705054-7
	Suite, Apt. #, Etc.	-12/07/98-01143-023
	City	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 **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/22/98

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/98 305-2670090
Date Daytime Phone #

CR20240 (09/98)