

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 17 AM 8:00

DOCUMENT # H49287

1. Corporation Name

DURANTE REALTY, Inc

200036522922  
05/17/04--01075--003 \*\*1200.00

2. Principal Office Address

1030 South Federal Hwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite # 112

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

SAME

Zip

33483

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2780770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

200036522922  
05/17/04--01075--004 \*\*8.75

**7. Name and Address of Current Registered Agent**

Name

Charlotte G Durante

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

4165 NW 10th St

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

REINSTATEMENT

01-04

MRS

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

*Charlotte G Durante*

Date

5-14-04

REGISTERED AGENT MUST SIGN

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
PVST	Charlotte G Durante	4165 NW 10th Street	Delray Beach, FL 33445

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:

Charlotte G. Durante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/14/04

Daytime Phone #

(561)

271-4545

CR2E081 (01/04)