

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 10:54

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000032784

1. Limited Liability Company's Name

DUVAL REALTY, LLC
375 CHURCH ROAD
TEQUESTA, FL 33469

300066208993
02/20/06--01059--010 **250.00

CR2E041 (8/05)

2. Principal Office Address-

375 CHURCH ROAD

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

Zip

33469

Country

USA

3. Mailing Office Address

c/o D'UVA, 25 ROUTE 100

Suite, Apt. #, etc.

City & State

KATONAH, NY

Zip

10536

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08/28/03

6. FEI Number

51-0483893

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DUVAL REALTY, LLC

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

375 CHURCH ROAD

Suite, Apt. #, Etc.

City

TEQUESTA,

State

FL

Zip Code

33469

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/19/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JEFF ALBANESE	212 ELMWOOD ROAD	SO. SALEM, NY 10590
MGR	LOIS D'UVA	25 ROUTE 100	KATONAH, NY 10536
MGR	CARMINE D'UVA	25 ROUTE 100	KATONAH, NY 10536

REINSTATEMENT 04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

1/19/06

Daytime Phone #

914-683-6831

Typed or printed name of signing Managing Member/Manager

JEFFREY M. ALBANESE