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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION L99000008733	FLORIDA DEPARTMENT OF STATE Division of Corporations
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FILED

03 OCT 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008733

Name and Mailing Address

0001051 01 AT 0.292 **AUTO T6 1 0615 32003-811107

ROBERT B. DUKE INVESTMENTS, LLC

5707 PINE AVE

ORANGE PARK FL 32003-8111



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/10/1999	
Principal Place of Business 5707 PINE AVE ORANGE PARK FL 32073	3. New Principal Place of Business Address	6. FEI Number 59-3611951	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent WILLIAM, GRADY H JR. 1279 KINGSLEY AVE. STE. 117 ORANGE PARK FL 32073		9. Name and Address of New Registered Agent Name <u>WILLIAMS, GRADY H, JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1543-5 KINGSLEY AVENUE</u> City <u>ORANGE PARK</u> FL <u>32073</u>	
10. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>10-23-03</u> REGISTERED AGENT MUST SIGN			

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DUKE, ROBERT B	5707 PINE AVE	ORANGE PARK FL 32073
			400024422894 11/04/03--01066--022 **150.00
			<u>03</u>
			<u>OK</u>

12. 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 <u>[Signature]</u> SIGNATURE REQUIRED	Date <u>10-20-03</u>	Daytime Phone # <u>904-269-4104</u>	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)