

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 PM 2: 58

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16/29

DOCUMENT # **N45380**

1. Corporation Name

THE NEW DUKES, INC.

Principal Place of Business

**1318 PINNACLE PINES RD.
PANAMA CITY FL 32404**

Mailing Address

**1318 PINNACLE PINES RD.
PANAMA CITY FL 32404**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97	
To Do Business In Florida 09/30/1991	
5. FEI Number 59-3123933	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
PD	WALTER, JAMES	1318 PINNACLE PINES RD.	PANAMA CITY FL
VD	GILCREAST, ERNEST	164 HARLEM AVE	PANAMA CITY FL
SD	JOHNSON, WESLEY	1406 E 9TH ST.	PANAMA CITY FL
TD	JOHNSON, RAYMOND	1126 MERCEDES AVE.	PANAMA CITY FL

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8. Name and Address of Current Registered Agent

**WALTER, JAMES
1318 PINNACLE PINES RD.
PANAMA CITY FL 32404**

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.

Signature of
Registered Agent

James Walter

REGISTERED AGENT MUST SIGN

Date **10/26/97**

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:

James Walter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/97 (850) 763-6198

Date

Daytime Phone #

CR2E040 (8/97)