PLEASE READ	ALL INSTRUCTIONS	BEFORE	COMPLETING THIS FORM.	
	FLORIDA DEPARTMEN Katherine Ha Secretary of S	<b>irris</b> State	ÉILED	
DOCUMENT # P00000	002356	RATIONS	02 FEB 21 PH 2: 53	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DUNCAN'S LAB ENTERPRISE,	INC.		TALLAHASSEE. FLOHIDA	
Principal Place of Business	Mailing Address			
9741 SOUTHWEST 16TH STREET PEMBROKE PINES FL 33025	DUTHWEST 16TH STREET 9741 SOLUTIWEST 16TH STREET BKE PINES FL 33025 PEMBROKE PINES FL 33025			
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter	correction below.	2001-2002 UB	
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 14533 NW 7 <sup>TH</sup> AVE		Applicable	4. Date Incorporated or Qualified To Do Business in Florida 01/07/2000	
Suite, Apt. #, etc. MIAMI FLA		TH AVE	5. FEI Number Applied For	
City & State	City & State MIANI FLA Zip Counti		6. 5375 Additional Fee regul	
Zip 33168 Country U. S. A	<u> </u>	s.A	CERTIFICATE OF STATUS DESIRED LJ	
7. Names and Street Addresses of Each Officer and/o Title(s) 2 Name of Officers and/or Directors	St	ations must list at lea reet Address of Each flicer and/or Director	h City / State / Zie	
Reside DONALD DUNCAN S PRESIDENT	1450 NE APT 304	E 3rd Av	re DANIA Beach FLA 33004.	
Nuctor PAULINE DUNCAN Director	1450 NE -	sve Ave	DANIA BEACH FLA 33004	
		· · · · · · · · · · · · · · · · · · ·	7000050649576 -03/07/0201068005 *****300.00 *****300.00	
8. Name and Address of Current R	egistered Agent	······	9. Name and Address of New Registered Agent	
DUNCAN, DONALD G 97 <del>41 Southw</del> est 16th street P <del>embroke Pines FL 3</del> 3025		Name Dona	P.O. Box Number is Not Acceptable)	
		1450 NE 3er Ave Suite, Apt. #. Etc.		
		DANIA		
		1 FLA	<b>FL</b> <u>3300</u> γ.	
<ol> <li>I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu-</li> </ol>	BISTERED AGENT MUST SIGN er or trustee empowered to execute ution has been eliminated, the corpo	this application as porate name satisfies	provided for in chapter 607 or 617, F.S. 1 further certify that when filing a the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption under section 119.07(3)(i), F.S. The information indicated	
on this application is true and accurate, and my sign SIGNATURE: Jon J. Junc		ect as if made under		

Duncan's Lab Enterprises, Inc.

14533-NW 7th Ave. Miami, FL 33168

**DENTAL LAB & SUPPLIES** 

Tel: (305) 681-8001 Fax: (305) 681-8001 Emergency: (954) 270-3239



Division of Corporations Annual Report of Reinstatement Section P.O Box 6327 Tallahassee, Fl. 32314

**Re Duncans Lab Enterprises Inc Document # P 000000023** 

With reference to your notice of Administration Dissolution or Revocation, please be informed that I spoke with Mrs. Barbara Mitchell Examiner of the Division of Corporations.

I pointed out that Duncans Lab Enterprises Inc. was a new Company not aware of the necessity to file an annual report and that the notice of Dissolution was sent to the incorrect address.

I also pointed out that there was a problem with the company being accepted as an S Corporation and that matter was only resolved on the 12/11/01 with Ms Judy Martin of the I.R.S.

Mrs. Barbara Mitchell advice was that I complete and return the Reinstatement form inserting the correct address of Duncans Lab Enterprise Inc. along with the fee of \$300 three hundred dollars and accordingly I do this.

Yours Sincerely Donald G Duncan President 2/16/02

Don G. Duncan, Managing Directors • Pauline Duncan,