

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 OCT 24 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028541

1. Corporation Name

VALERIE DUCH, P.A.

Principal Place of Business

2104 NE 68TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

2104 NE 68TH STREET
FORT LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2000

5. FEI Number

65-0992232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DUCH, VALERIE	2104 NE 68TH STREET	FORT LAUDERDALE FL 33308

200008566982
10/24/02--01044--022 **150.00

10/28

8. Name and Address of Current Registered Agent

DUCH, VALERIE
2104 NE 68TH STREET
FORT LAUDERDALE FL 33308

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. or 617.0505, F.S.

Signature of
Registered Agent

Valerie Duch

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/22/02

11. 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:

Valerie Duch REVALERIEDUCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 954-772-5714

Date

Daytime Phone #

CR2040 (8/02)

October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

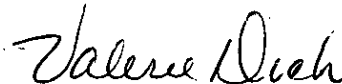
RE: Valerie Duch, P.A.
65-0992232
Tele: 954-772-5714

Dear Sir or Madam:

I just received your "Notice of Administrative Dissolution or Revocation." This is the first notice I have received regarding this matter. I would have gladly paid my fees when they were due, but I did not receive any notice. I normally give all correspondence regarding my corporation to my accountant for her review, and after speaking with her today, she assures me that no notice was received by her either.

I am enclosing a check in the amount of \$150.00 for the annual fee and would appreciate your re-instating my corporation.

Sincerely,

A handwritten signature in cursive script that reads "Valerie Duch".

Valerie Duch, P.A.