

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000011540

1. Corporation Name  
DUFFY'S MOBIL, INC.

Principal Place of Business  
8990 20 ST  
VERO BEACH FL 32966

Mailing Address  
8990 20 ST  
VERO BEACH FL 32966



REINSTATEMENT 02

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

4. Date Incorporated or Qualified To Do Business in Florida 01/31/2001

5. FEI Number 65-1071817 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DUFFY, EUGENE J	5047 N A-1-A, APT 705	FT PIERCE FL 34949
D	DUFFY, DOLORES T	5047 N A-1-A, APT 705	FT PIERCE FL 34949
D	LORITO, LEE ANN	335 23 AVE	VERO BEACH FL 32962

000008575080  
10/24/02--01093--021 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUFFY, EUGENE J  
4315 20 ST  
VERO BEACH FL 32966

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

*Eugene Duffy*  
REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(l), 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: *Eugene Duffy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 772-464-3150  
Date Daytime Phone #

CR2E040 (8/02)