

2005


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL 25 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO10000011683

1. Corporation Name

Duct by Design, Inc

2. Principal Office Address

3217 NW 105 Ave  
Suite, Apt. #, etc.

3. Mailing Office Address

3217 NW 105 Ave  
Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip Country

33351

City & State

Sunrise, FL

Zip Country

33351

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1073971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Kogan

Street Address (P.O. Box Number is Not Acceptable)

3217 NW 105 Ave

Suite, Apt. #, Etc.

City

Sunrise,

State

FL

Zip Code

33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date 7/14/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David Kogan	3217 NW 105 Ave	Sunrise, FL 33351
			800058201158 08/03/05--01051--009 **150.00
			800058201158 08/03/05--01051--010 **150.00
			800058201158 08/03/05--01051--011 **150.00

10. 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/05

Daytime Phone #

CR2E081 (01/04)

## **Duct by Design, Inc**

**3217 NW 105<sup>th</sup> Ave**

**Sunrise, FL 33351**

**954-494-9654**

July 14th, 2005

To whom it may concern:

Please accept payment for reinstatement of my corporation as on March 27<sup>th</sup> 2002 I filed my report on time and changed my address and never received any forms in the mail. I have enclosed a reinstatement form for all three years including payment of \$150 per year. I have also enclosed a copy of my 2002 filing showing my change of address which was not updated. Your prompt attention to this matter is greatly appreciated as I would like to be up to date and in good standings. Please contact me or my accountant if further information is required Mitchell L. Taylor, CPA (561)367-1568.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Kogan', with a stylized flourish extending to the right.

David Kogan