

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000055413**

1. Corporation Name
Duffy Shuler Inc

REINSTATEMENT 02-07

2. Principal Office Address 8716 SW 16 ST DAVIE FL 33324		3. Mailing Office Address P.O. Box 450613 SUNRISE FL 33345	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE FL		City & State SUNRISE FL	
Zip 33324	Country USA	Zip 33345	Country

800025192238
12/03/03--01047--013 **908.75

4. Date Incorporated or Qualified To Do Business in Florida 5/29/01	
5. FEI Number 651103772	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Berngard, Glen	
Street Address (P.O. Box Number is Not Acceptable) 6421 CONGRESS AVE	
Suite, Apt. #, Etc. 100	
City BOCA RATON	State FL
Zip Code 33487	

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 **Glen Berngard** Date **11/10/03**
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
PRES	Duffy Shuler	8716 SW 16 ST	DAVIE FL 33324
V.P.	H.A. Shuler	8716 SW 16 ST	DAVIE FL 33324
SECRET	Kitty Shuler	9976 NOB HILL CT	SUNRISE FL 33351
TR	Shevan Deming	12790 NW 11 PL	SUNRISE FL 33323

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

9/30/03 **954-746-6452**
Date Daytime Phone #

CR2E081 (10/02)