2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000110880 1. Entity Name DEBBY DUENOW, P.A.						07 ⊭	FILED IAY 23 AM	9: 00
Principal Place of Business 3505 US 1 SOUTH ST AUGUSTINE, FL 32086		Mailing Address 3505 US 1 SOUTH ST AUGUSTINE, FL 32086				Allassee, F		
Principal Place of Business - No P O Box #		3. Mailing Address						
Suite: Apt #, etc		Suite, Apt #, etc		04285	NSTATEM	NENT 98 (1/6	06-07	
City & State		City & State			4. FEI Numb 30-001			Applied For Not Applicable
Zip	Country	Zip	Countr	ry		of Status Desired	Fee Rec	Additional quired
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
DUENOW, DEBBY 3505 US 1 SOUTH			}	Street Address (P.O. Box Number is Not Acceptable)				
ST AUGUSTINE, I	FL 32086							
						FL Zip	Code	
8. The above natived entry submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations beginning and entry of the purpose of changing its registered agent of florida. Lam familiar with, and accept the obligations beginning agent. SIGNATURE Signature typed or printed parts of argustered agent and trilled applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OFF	ICERS AND DIRECT	TORS IN 11
STREET ADDRESS 3505 U	DW, DEBBY S 1 SOUTH GUSTINE, FL 32086	☐ Delete	- 6	T ADDRESS ST-ZIP		1 00104)8/07010(19
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M6/4	☐ Delete		T ADDRESS ST-ZIP			☐ Char	nge 🔲 Addition
HITLE NAME STREEL ADDRESS GHY-GT ZIP		☐ Detete		FADDRESS ST 7IP			☐ Char	nge 🔲 Addition
TITLE NAME STAELT ADDRESS CITY-ST ZIP		☐ Delete		I ADDRESS ST-ZIP			☐ Chai	nge 🔲 Addition
UTLE NAM'S STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	IT ADURESS ST-ZIP			☐ Chai	nge 🔲 Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Chai	nge 🗌 Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Date Daytime Phone Daytime Phone								
								~~~ ∧ Э ∦ ∠