

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 13 AM 8:00

600041006026
09/13/04--01050--013 **900.00

REINSTATEMENT 03-04

DOCUMENT # PO2000029327

1. Corporation Name

Marie Duron, P.A.

7504 E. Treasure Dr.
N. Bay Village, FL 33141

2. Principal Office Address

7504 E. Treasure Dr.

3. Mailing Office Address

N. Bay Village, FL 33141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Bay Village

City & State

FL

Zip

33141

Country

USA

Zip

33141

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/18/2002

5. FEI Number

35-2163511

☒ 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

Marie Duron

Street Address (P.O. Box Number is Not Acceptable)
7504 E. Treasure Dr

Suite, Apt. #, Etc.

City

N. Bay Village

State
FL

Zip Code
33141

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

Date 09/10/04

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
Preside	Marie Duron	7504 E. Treasure Dr	N. Bay Village, FL 33141
Secreta	Marie Duron	7504 E. Treasure Dr	N. Bay Village, FL 33141
Vice P	Marie Duron	7504 E. Treasure Dr	N. Bay Village, FL 33141
Treasu	Marie Duron	7504 E. Treasure Dr	N. Bay Village, FL 33141

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/04

Date

305-219-3448

Daytime Phone #

CR2E081 (01/04)