

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000049909

**Entity Name:** DUQUE NURSERY, INC

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

26400 SW 187 AVE  
HOMESTEAD, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

20301 SW 280 ST  
HOMESTEAD, FL 33031 US

**New Mailing Address:**

**FEI Number:** 01-0703427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUQUE, FELIX D  
20301 SW 280 ST  
HOMESTEAD, FL 33031 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** FELIX DUQUE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DUQUE, FELIX D  
**Address:** 20301 SW 280 ST  
**City-St-Zip:** HOMESTEAD, FL 33031

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FELIX DUQUE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/11/2011

\_\_\_\_\_  
Date