

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 31 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062345

1. Corporation Name

DUNCAN BUILDERS ENTERPRISE, INC.

2. Principal Office Address

28901 NE 200 TERRACE

Suite, Apt. #, etc.

City & State

WILLISTON, FL

Zip

32696

Country

USA

3. Mailing Office Address

P.O. Box 112

Suite, Apt. #, etc.

City & State

WILLISTON, FL

Zip

32696

Country

USA

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

5. FEI Number

68-0508886

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

GERALD L. DUNCAN, SR.

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

28901 NE 200 TERRACE

Suite, Apt. #, Etc.

City

WILLISTON

State

FL

Zip Code

32696

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

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
PD	GERALD L. DUNCAN, SR.	28901 NE 200 TERRACE	WILLISTON, FL 32696
STD	ROSAL SNEAD-DUNCAN	28901 NE 200 TERRACE	WILLISTON, FL 32696

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:

Gerald L. Duncan Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03
Date

339-5523
Daytime Phone #

CR2E081 (10/02)

DUNCAN BUILDERS ENTERPRISE, INC.

P.O. BOX 112
Williston, FL 32696

Telephone (352) 528-7688

December 22, 2003

Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

RE: DUNCAN BUILDERS ENTERPRISE, INC., DOCUMENT # P02000062345

Dear Sir or Madam:

Enclosed please find Corporation Reinstatement form for the the referenced corporation along with the annual report fees of \$150.

The 2003 form was received and reviewed by our CPA who returned the form to us to sign and mail with the appropriate fee on January 10, 2003 . (A copy of the CPA's copy of the form is enclosed.) We have just discovered that the form and payment were apparently never received in your office and the check has not cleared our bank.

We request that you accept the enclosed \$150 check (the annual fees for 2003) and reinstate Duncan Builders Enterprise, Inc.

Thank you for your consideration of this matter.

Sincerely yours,



Gerald L. Duncan, Sr.
President

Enclosures (3)