

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -5 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P020000074667

**1. Corporation Name**

DUNA DEVELOPMENT CORPORATION

**2. Principal Office Address**

37969 US HIGHWAY 19N

**3. Mailing Office Address**

SAME

**Suite, Apt. #, etc.**

#217

**Suite, Apt. #, etc.**

**City & State**

PALM HARBOR, FL

**City & State**

Zip 34684

Country

Zip

Country

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

July 9, 2002

**5. FEI Number**

76-0709800

**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**

KATALIN R. POGANYNE

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

37969 US HIGHWAY 19N

**Suite, Apt. #, Etc.**

217

**City**

PALM HARBOR, FL

State  
FL

Zip Code  
34684

**REINSTATEMENT**

**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

*Katalin Poganyne*

REGISTERED AGENT MUST SIGN

Date

**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
O	KATALIN R. POGANYNE	37969 US HWY 19N # 217	PALM HARBOR, FL 34684

**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:**

*Katalin Poganyne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

20f2

*Read Bookkeeping & Tax Service, Inc.*

2205 North Hercules Avenue  
Clearwater, FL 33763  
(727) 736-1242 • Fax: (727) 738-8715

April 30, 2004

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

Re: Duna Development Corporation  
P020000074667

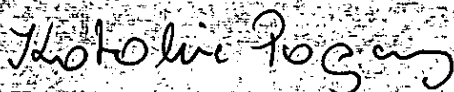
Greetings:

Please find enclosed reinstatement form for Duna Development Corporation. We failed to receive a copy of the reinstatement form for the year of 2003 and, having realized that we are in arrears, have enclosed a check in the amount of \$300.00 for reinstatement of 2003 and to file the Annual Report for 2004.

We have also enclosed a copy of the letter of transmittal for change of corporate agent that was mailed to you on July 13, 2003 with our filing fee of \$35.00.

Thank you for your consideration and attention to this matter.

Sincerely,



Katalin Poganyne  
President

Enclosure