

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000085604

1. Corporation Name

DUKES OF CENTRAL FLORIDA INC

2. Principal Office Address

101 ORTMAN DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32805

FILED

04 APR -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700031755397

04/02/04--01070--015 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

76-0710040

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DWIGHT DUKES

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

101 ORTMAN DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

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

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
PRES	DWIGHT DUKES	101 ORTMAN DRIVE	ORLANDO, FL 32805

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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 522-6920

Daytime Phone #

PS 222

Mar.26/04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

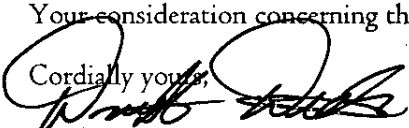
Subject: Abatement of Fees (P0200085604)

To Whom It May Concern,

This letter is to inform that Dukes of Central Florida Inc has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees. Attached is the renewal form with address correction.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,


Dwight Dukes