

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000111306**

1. Corporation Name

**DUCT DOCTORS, INC.**

Principal Place of Business

Mailing Address

6371 NW 42ND AVENUE  
COCONUT CREEK FL 33073

6371 NW 42ND AVENUE  
COCONUT CREEK FL 33073

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2002

5. FEI Number

14-1853864

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ARCAS, DAVID	6371 NW 42ND AVENUE	COCONUT CREEK FL 33073
VD	MARTIN, DAVID	4211 NW 64TH DRIVE	COCONUT CREEK FL 33073
SD	ARCAS, RALPH	799 NE 38TH STREET	OAKLAND PARK FL 33334

8. Name and Address of Current Registered Agent

ARCAS, DAVID  
6371 NW 42ND AVENUE  
COCONUT CREEK FL 33073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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

Date

10/9/03

Daytime Phone #

954-418-3331

CR2E040 (7/03)

Duct Doctors, Inc.  
6371 NW 42<sup>nd</sup> Avenue  
Coconut Creek, FL 33073  
(954)418-3331

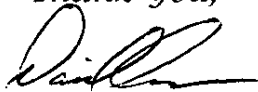
October 9, 2003

Division of Corporations  
Annual Report/ Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern,

On October 9<sup>th</sup>, I spoke with a representative of the Division of Corporations and explained that we had received a notice stating that they hadn't received our Annual Report and in order to keep our company Active we had to pay \$750.00. We have in the past received information from the State and have complied and sent it back in, but we do not believe that we received the notices regarding our Renewal/Annual Report. The representative stated that they have not received them back in the mail, but to write a letter explaining why we are disputing the \$750.00 fee and they would review it. Please find enclosed our Renewal along with \$150.00, and please take into consideration that we are a new company and are still learning all of the paperwork to be filed and I honestly don't believe we received the notifications.

Thank You,



David Arcas  
President