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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 24 AM 7:54

DOCUMENT # P03000111779

1. Corporation Name

Dugas Enterprises, Inc.

2. Principal Office Address

465 S.R. 13

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

Zip

32259

Country

USA

3. Mailing Office Address

465 S.R. 13

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

Zip

32259

Country

USA

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/03

5. FEI Number

74-3106769

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

LEE G. KELLISON, ESQ.

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

6817 Southpoint Parkway

Suite, Apt. #, Etc.

Suite 603

City

JACKSONVILLE

State

FL

Zip Code

32216

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

Lee Kellison

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
<u>D</u>	<u>Kimberly Dugas</u>	<u>465 SR 13 #2</u>	<u>Jacksonville, FL 32259</u>

600069447426
04/04/06--01055--007 **450.00

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 contained in Chapter 119, 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:

Kimberly Dugas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-03-06 (904)287-2051

Date

Daytime Phone #

3/30/07

2072

Reinstatement of Corporation Docket # P03000111779

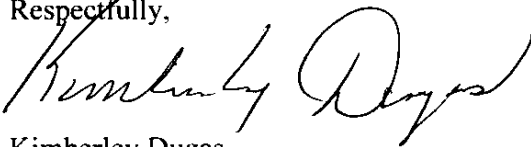
To: Department of State, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6059

From: Kimberly Dugas (Dugas Enterprises, Inc.)
465 State Road 13
Suite 2
Jacksonville, FL 32259

To whom it may concern,

I respectfully request reinstatement of the above corporation as soon as possible. I did not receive annual report notices for the last two years. Enclosed is a check for \$450.00 for the fees required for annual reports and supplemental fees through 2006. Please make me aware of any additional fees or documentation needed.

Respectfully,



Kimberley Dugas
Dugas Enterprises, Inc.
Phone (904) 287-2051