

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. 607.0505
CIVIL SERVICE

06 OCT 31 PM 5:55

DOCUMENT # PO 4000 123008

1. Corporation Name

Duaine Rowe, Inc.

2. Principal Office Address

462 Burnt tree Ln.

Suite, Apt. #, etc.

None

City & State

Apopka Fl.

Zip

32712

Country

United States

3. Mailing Office Address

462 Burnt tree Ln.

Suite, Apt. #, etc.

None

City & State

Apopka Fl

Zip

32712

Country

United States

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-04

5. FEI Number.

421642404

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

Catrina Harriman

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

462 Burnt tree Ln.

Suite, Apt. #, Etc.

None

City

Apopka

State

FL

Zip Code

32712

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

Catrina Harriman

Date

10-29-06

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
P	Duaine Rowe	462 Burnt tree Ln.	Apopka Fl. 32712
O	Catrina Harriman	462 Burnt tree Ln.	Apopka Fl. 32712
D	Bryan Rowe	462 Burnt tree Ln.	Apopka Fl. 32712
			300081626433 11/08/06--01027--001 **236.25
			300081626433 11/08/06--01027--002 **63.75

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:

Duaine O. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-06

Date

321-356-3463

Daytime Phone #

To whom it may concern,

282✓

I, Duaine Rowe, did not receive
my 2005 annual report fee statement
or my reinstatement form.

Duaine J. Rowe