2007 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P06000058041

1. Entity Name
WILLIAM DURNAN AND ASSOCIATES INC.

Principal Place of Business	Mailing Address
3001 N.E. 19TH TERRACE APT D LIGHTHOUSE POINT, FL 33064 US	3001 N.E. 19TH TERRACE APT D LIGHTHOUSE POINT, FL 33064 US

2. Principal Place of Business - No P.O. Box #
3000 N.E. 19th Terr

Suite, Apt. #, etc. B

City & State: Lighthouse Point, FL

Zip 33064 Country USA

3. Mailing Address
3000 N.E. 19th Terr.

Suite, Apt. #, etc. B

City & State: Lighthouse Point Fl

Zip 33064 Country USA

11072007   REIN-P   CR2E098 (1/07)

4. FEI Number 51-0575726   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DURNAN, WILLIAM R 3001 N.E. 19TH TERRACE APT D LIGHTHOUSE POINT, FL 33064	Name: William Durnan and Associates Inc. Street Address (P.O. Box Number is Not Acceptable): 3000 N.E. 19th Terr # B Lighthouse Point, City FL Zip Code 33064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _William Durnan_ Pres.   11/12/07

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURNAN, WILLIAM R 3001 N.E. 19TH TERRACE APT #D LIGHTHOUSE POINT, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112351543 11/16/07--01004--005 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _William Durnan_ Pres.   11/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #