

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000138576

1. Corporation Name

DUFFY'S OF PORT ST. LUCIE, WEST, INC.

2. Principal Office Address - No P.O. Box #

4440 PGA BOULEVARD

3. Mailing Office Address

Suite, Apt #, etc.

Suite 201

Suite, Apt #, etc.

City & State

Palm Beach Gardens, FL

City & State

Zip

33410

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Joel P. Koepfel, Esquire

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

1016 Clearwater Place

Suite, Apt #, Etc

City

West Palm Beach

State

FL

Zip Code

33401

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 1, 2006

5. FEI Number

20-5806434

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-17-07

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
PD	Paul Emmett	4440 PGA Boulevard, Ste. 201	Palm Beach Gardens, FL 33410

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/07

Date

561-644-2408

Daytime Phone #

FILED

07 OCT 22 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA