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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 APR 18 PM 3:28

DOCUMENT # PA4000017662

1. Corporation Name

DURAN-DURAN GROUP CORP.

WOL0000014996

700073753097  
05/02/06--01062--020 \*\*758.75

2. Principal Office Address

8518 SW 8 ST

3. Mailing Office Address

SAMP AS # 2

Suite, Apt. #, etc.

# 327

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33144

Country

MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650312608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02-06

**7. Name and Address of Current Registered Agent**

Name

ESTRELLA DURAN

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

2070 NW 14 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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]

Date 3/21/06

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
<u>P</u>	<u>ESTRELLA DURAN</u>	<u>8518 SW 8 ST #327</u>	<u>MIAMI, FL. 33144</u>

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]

ESTRELLA DURAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

305-458-7726

Daytime Phone #

4/18/06

## Duran-Duran Group, Corp.

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April 17, 2006

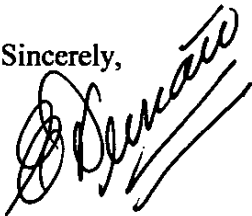
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am applying a waiver for the charge of \$600.00 because I never received the 2002 annual report.

And /or Dissolution letter.

Sincerely,



Estrella Duran  
President

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## Duran-Duran Group, Corp.

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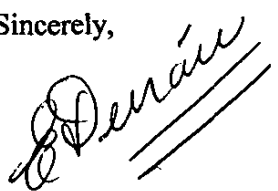
March 21, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Sir or Madam:

Enclosed please find a check number <sup>5 ED</sup>325 in the amount of \$758.75. This amount includes the Reinstatement of \$750 and the additional fee for a Certificate of Status of \$8.75 for Duran Duran Group, Corp., FEI number 650312608. Please send the Certificate of Status to any of the following contact locations, fax 305-634-0109, e-mail [eduran@bellsouth.net](mailto:eduran@bellsouth.net), mail 8518 SW 8 St. # 327 Miami, Florida 33144. If you have any questions or need further assistance in this process please do not hesitate to contact me at 305-458-7726.

Sincerely,



Estrella Duran  
President

Enclosure: Application for Corporation Reinstatement and money order.