

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000053501
 1. Corporation Name
DUVAL APARTMENTS, INC.

Principal Place of Business	Mailing Address
2213 CALAIS DR #4 MIAMI BEACH FL 33141 US	2213 CALAIS DR #4 MIAMI BEACH FL 33141 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
 00 DEC -8 PM 4: 04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REINSTATEMENT *60*

4. Date Incorporated or Qualified To Do Business in Florida	07/18/1994
5. FEI Number	65-0506768
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	SCHNEIDER, KARL HEINZ	2213 CALAIS DR, #4	MIAMI BEACH FL 33141
VP	GERHARD, LANDAU J	2213 CALAIS DR, #4	MIAMI BEACH FL 33141

8. Name and Address of Current Registered Agent

SCHNEIDER, KARL H
#413 CALAIS DR
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date *Dec. 06. 2000*

REGISTERED AGENT MUST SIGN

11. 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 under section 119.07(3)(i), 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 REQUIRED *KE* *Dec. 06. 2000* *305 864. 6244*

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

CR2E040 (8/00)