

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC -9 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063648

1. Corporation Name

BRIAN F. DUFFNER PA.

Principal Place of Business

5789 DESCARTES CIRCLE
BOYNTON BEACH FL 33437
US

Mailing Address

5789 DESCARTES CIRCLE
BOYNTON BEACH FL 33437
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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/25/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0521836	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BURNER, BRIAN F DUFFNER	5789 DESCARTES CIRCLE	BOYNTON BEACH FL 33437
D	DUFFNER, NANCY A	5789 DESCARTES CIRCLE	BOYNTON BEACH FL 33437
			800002374079--9 -12/16/97--01114--008 ****750.00 ****750.00
REINSTATEMENT 97			
<i>A. Duffner</i> 12/9/97			

8. Name and Address of Current Registered Agent

DUFFNER, ANANCY A
~~212 SW 12 AVE~~ **5789 DESCARTES CIR.**
~~BOYNTON BEACH FL 33435~~ **BOYNTON BEACH**
FLORIDA 33437

9. Name and Address of New Registered Agent

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

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

Signature of Registered Agent

[Signature]

Date

10-25-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-25-97 (560)
852-3093

Daytime Phone #

CR2E040 (8/97)