

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
 Sandra P. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

99 AR

FILED

97 NOV -6 PM 4: 11

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P94000077371

1. Corporation Name  
 DUVAL CENTER, INC.

Principal Place of Business Mailing Address  
 107 DUVAL STREET 107 DUVAL STREET  
 KEY WEST FL 33040 KEY WEST FL 33040



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.		10/19/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0529381	
				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	KOHEN, AMOS	107 DUVAL STREET	KEY WEST FL 33040

000002345470--5  
 -11712797-01121-001  
 \*\*\*585.00 \*\*\*585.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOHEN, AMOS  
 107 DUVAL STREET  
 KEY WEST FL 33040

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 \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

Date 11/3/97

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/97  
 Date Daytime Phone #

CR2EMG (8/97)