

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION
FOR
REINSTATEMENT



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

FILES
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P95000000374

1. Corporation Name

THE DUPREE TEAM, P.A.

Principal Place of Business

7021 N.W. 66TH ST.
PARKLAND FL 33067

Mailing Address

7021 N.W. 66TH ST.
PARKLAND FL 33067



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1995

5. FEI Number

65-0562279

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DUPREE, MARTA M	7021 N.W. 66TH ST.	PARKLAND FL 33067
SD	DUPREE, NEIL	7021 NW 66TH ST	PARKLAND FL 33067
VP	DUPREE, NEIL	7021 N.W. 66 ST	PARKLAND FL 33067

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-11/20/00--01143--011
****158.75 ****158.75

8/11/16

8. Name and Address of Current Registered Agent

DUPREE, MARTA M
7021 N.W. 66TH ST.
PARKLAND FL 33067

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]
REGISTERED AGENT MUST SIGN

Date

10/30/00

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

Date

10/30/00

Daytime Phone #

CR2040 (8/00)

October 30, 2000

Division Of Corporations
Annual report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

This is the second corporation that I have been notified of not paying the renewal fee for this year. I have had corporations for over 20 years in this state and have always paid the renewal fees. I have to believe that I never received the renewal notices or else I would have paid them. I have looked through my files and have no records of receiving them.

My other corporation is DuPree Enterprises, Inc. and I have sent a check in the amount of \$758.75. I understand that nothing can be done about this corporation at this time; but I do not feel it is fair to bill me for the penalties for The DuPree Team PA since I do not have any records of receiving the notice for renewal.

I have enclosed a check in the amount of \$158.75 for the renewal of The DuPree Team PA. Please review my file and let me know if this will be acceptable.

Thank you for your time and efforts in reviewing my case.

Sincerely,

A handwritten signature in dark ink, appearing to read 'G. Neil DuPree', with a long horizontal flourish extending to the right.

G. Neil DuPree
Vice President