

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

10F2

00 OCT 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA6000048997**

1. Corporation Name

IKE DUREN INC.

2. Principal Office Address

111 LeOgaw Lakes Dr.

Suite, Apt. #, etc.

City & State **PC**

Mexico Beach, FL

Zip **32417**

County

Bay

3. Mailing Office Address

P.O. Box ~~13901~~ 13901

Suite, Apt. #, etc.

City & State

Mexico Bch, FL

Zip

32410

Country

Gulf

4. Date Incorporated or Qualified
To Do Business in Florida

6-6-96

5. FEI Number

59-345337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Ike Duren**

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

111 LeOgaw Lakes

Suite, Apt. #, Etc.

Panama

City

Panama City Bch,

State

FL

Zip Code

32407

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

Ike Duren

Date **10/18/00**

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 |
|-------------|--------------------------------------|---|---------------------|
| Pres | IKE DUREN | 111 LeOgaw Lakes | PC, FL 32407 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 taxes 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 furnished 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

10/18/00

Date

850-832-0949

Daytime Phone #

CR2E081 (9/99)

TO: Sec. of STATE - Div. of Corp.
FROM: Ike Duren

10-18-00

20f2

RE: IKE DUREN INC. 1999

Annual Report

TO Whom It May Concern:

I DID NOT Receive the
Renewal Forms for the 1999
Annual Report for Ike Duren Inc.

Thurs.

Ike Duren

Joe Dunn

850-832-0949