

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000062602

1. Corporation Name

DURON ATLANTIC, INC.

FILED

00 MAY 17 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1848 TAYLOR RD.
UNIT 314
PT. ORANGE FL 32124
US

1648 TAYLOR RD.
UNIT 314
PT. ORANGE FL 32124
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

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1996

5. FEI Number

65-0684523

Applied For **SP**
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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
P		HUBLEY, RANDY		1648 TAYLOR RD., #314		PT. ORANGE FL 32124
S		MCDUGALL, JOHN		1648 TAYLOR RD., #314		PT. ORANGE FL 32124

200003283422-6
-06/03/00--01032--013
****388.80 ****388.80

8. Name and Address of Current Registered Agent

DAMOORGIAN, DORIAN K
1312 EAST BROWARD BLVD.
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name H. Haas A. Hatic, Esq. Homer, Bonner & Delgado
Street Address (P.O. Box Number is Not Acceptable)
3400 BANK OF ATLANTIC TOWER
Suite, Apt. #, Etc.
100 SE 2d ST
City MIAMI State FL Zip Code 33131

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]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

4/30/2000

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

04-11-00
Date

919-427-5546
Daytime Phone #