PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
01 APR 30 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000102201

**1.** Corporation Name: Lukow Durfee Companies, Inc.

REINSTATEMENT 00-01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 10006 N. Dale Mabry | 10006 N. Dale Mabry |
| Suite, Apt. #, etc.: Suite 102 | Suite, Apt. #, etc.: Suite 102 |
| City & State: Tampa, Fl | City & State: Tampa, Fl |
| Zip: 33618 Country: Hill'boro | Zip: 33818 Country: Hill'boro |

**4.** Date Incorporated or Qualified To Do Business in Florida: 12/16/1999

**5.** FEI Number: 59-3422116 ☐ 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: Clark Durfee

100004274881---3
-05/21/01--01186-013
****908.75 LS ****08.75

Street Address (P.O. Box Number is Not Acceptable): 1314 Whitaker Road

Suite, Apt. #, Etc.:

City: Lutz | State: FL | Zip Code: 33549

**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: _____ REGISTERED AGENT MUST SIGN Date: 04/25/01

CR2E081 (9/00)

**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 | Clark Durfee | 1314 Whitaker Road | Lutz, Fl 33549 |
| V/P | Eugene Lukow | 3329 Cantera Way | Round Rock, Tx 78681 |
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**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 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:** _____ Clark Durfee 04/25/01 (813) 961 4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #