

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 JAN 24 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # PA7000002155

1. Corporation Name

Dunco mfg

2. Principal Office Address

8282 Stokes Rd

Suite, Apt. #, etc.

City & State

Laurel Hill - FL

Zip

32567

Country

Okalossa

3. Mailing Office Address

P.O. Box 156

Suite, Apt. #, etc.

City & State

Laurel Hill - FL

Zip

32567

Country

Okalossa

REINSTATEMENT 0001

**4. Date Incorporated or Qualified
To Do Business in Florida**

SP

5. FEI Number

59-3417711

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

Becky Davis

800003623838-6

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

8286 Stokes Road

-02/02/01-01014-013

***750.00 ***750.00

Suite, Apt. #, Etc.

800003623838-6

-02/02/01-01014-014

***750.00 ***750.00

City

Laurel Hill

State
FL

Zip
32567

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

Becky Davis

REGISTERED AGENT MUST SIGN

Date

1/23/01

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
V.P.	James Dunn	8286 Stokes Rd	Laurel Hill Fl. 32567
Pres.	Becky DAVIS	8286 Stokes Rd	Laurel Hill Fl 32567

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:

Becky Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/01

Daytime Phone #

CR2E081 (9/99)