

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB 16 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030066

1. Corporation Name

DUKES CONSTRUCTION, INC.

Principal Place of Business

61  
61 ALAFAYA WOODS BLVD.  
SUITE 282 PMB 282  
OVIEDO FL 32765

Mailing Address

61  
61 ALAFAYA WOODS BLVD.  
SUITE 282 PMB  
OVIEDO FL 32765

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

2. New Principal Office Address, If Applicable

61 ALAFAYA WOODS BLVD  
Suite, Apt. #, etc.  
PMB 282  
City & State  
OVIEDO, FL  
Zip  
32765  
Country  
SCANDINAVIA

3. New Mailing Office Address, If Applicable

61 ALAFAYA WOODS BLVD  
Suite, Apt. #, etc.  
PMB 282  
City & State  
OVIEDO, FL  
Zip  
32765  
Country  
SCANDINAVIA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1997

5. FEI Number

59-3446518

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip                  |
|------------|-------------------------------------|--|---------------------------------------|
| P          | DUKES, JOHN                         | 1107 MANIGAN AVENUE<br>1001 SOUTH BELFAST PL     | OVIEDO FL 32765<br>CHULUOTH, FL 32766 |
|            |                                     |  |                                       |
|            |                                     |  |                                       |
|            |                                     |  |                                       |
|            |                                     |  |                                       |
|            |                                     |  |                                       |
|            |                                     |  |                                       |
|            |                                     |  |                                       |

8. Name and Address of Current Registered Agent

DUKES, JOHN  
1107 MANIGAN AVENUE  
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1001 SOUTH BELFAST PLACE  
Suite, Apt. #, Etc.  
City  
CHULUOTH  
State  
FL  
Zip Code  
32766

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date 2/8/00

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

2/8/00  
Date

Daytime Phone #

KE