PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DE RTMENT OF STATE

Kalender Harris

Secretary of State **APPLICATION** FOR TILLU JA GOLIÁRY OF STATE JISTON OF CORPORATIONS REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 8970000 33243 99 SEP 24 PM 3: 18 1 Corboral on Name Duane's of ORANGE County Inc Principal Place of Business Mailing Address 1295 S ORANGE Blasson Tr PlayHouse orl F1 32805 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2 New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 4.14.97 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3443189 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country $Z_{\rm ip}$ Country CERTIFICATE OF STATUS DESIRED 7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) and/or Directors P Clerment F1 34711 Duare mathis 11904 Elbery St 200003006502---1 -10/05/99--01113--009 ****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Durne Mathis 11904 Elbert St Suite, Apt. #, Etc. Clermond F1 3471) State Zip Code 10 4, 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 REGISTERED AGENT MUST SIGN Date 9 . 20 . 9) 11. This corporation owes the current year (See other side for information on intangible tax.) Yes I No I Intangible Personal Property Tax due June 30. 12. Learlity that Lam 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 407 648.0959 Daytime Phone # SIGNATURE: