

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 JAN 15 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017429

1. Corporation Name  
DUNCAN LAW OFFICES, P.A.

2. Principal Office Address - No P.O. Box #  
5006 Tempic Drive

Suite, Apt. #, etc.

3. Mailing Office Address  
5006 Tempic Drive

Suite, Apt. #, etc.

City & State  
MOUNT DORA, FL

City & State  
Mount Dora, FL

Zip Country  
32757 LAKE

Zip Country  
32757 LAKE

100140791141  
01/15/09--01012--012 \*\*450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida  
2/23/1998

5. FEI Number  
59-3496447

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  
C. MICHAEL DUNCAN

Street Address (P.O. Box Number is Not Acceptable)  
5006 TEMPIC DRIVE

Suite, Apt. #, Etc.

City  
MOUNT DORA, FL

State Zip Code  
FL 32757

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 12-14-08

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
DP	C MICHAEL DUNCAN	5006 TEMPIC DRIVE	MOUNT DORA, FL 32757

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 contained in Chapter 119, 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

Date 1-10-09 352 406 9965  
Daytime Phone #