

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 2004 8:00**  
**Secretary of State**

DOCUMENT # P98000041920

**1. Corporation Name**

130 DUVAL STREET, INC.

**2. Principal Office Address**

130 DUVAL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

US

**3. Mailing Office Address**

130 DUVAL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

US

**REINSTATEMENT BOY**

**4. Date Incorporated or Qualified  
To Do Business in Florida 11/25/1996**

**5. FEI Number**  
65-0852033

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  
PETER P. PARISI

Street Address (P.O. Box Number is Not Acceptable)  
4045 N. W. 16TH. STREET

Suite, Apt. #, Etc.  
SUITE 111

City  
FT. LAUDERDALE

State  
FL

Zip Code  
33313

600025557076  
05/06/04--01021--022 \*\*900.00

**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

**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
D	CLAUDE LEVY	2778 N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.
D	RALPH JAMAL	2778 N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.
D	JUDITH GREENBERG	2778 N.W. 31ST. AVENUE	FT. LAUDERDALE, FL.

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ralph Jamal*  
RALPH JAMAL

4/29/04  
Date

954-655-8384  
Daytime Phone

*mlw*

CR2E081 (01/04)