

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 29 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000039614

1. Corporation Name

Duo Associates, Inc.

2. Principal Office Address

2813 S. Hiwassee Dr.

Suite, Apt. #, etc.

Suite 103

City & State

Orlando

Zip

FL

Country

US

3. Mailing Office Address

2813 S. Hiwassee Rd.

Suite, Apt. #, etc.

Suite 103

City & State

Orlando

Zip

32835

Country

U.S.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/1999

5. FEI Number

061545876

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

Janine M. Pardee

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

2513 Catalina Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

300030964733

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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

Janine M. Pardee

REGISTERED AGENT MUST SIGN

Date

3-12-04

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
P	Janine Pardee	2513 Catalina Drive	Orlando, FL 32805

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:

Janine M. Pardee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04

Date

Daytime Phone #

CR2E081 (01/04)