

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000100955

1. Corporation Name

12 EOPB, INC.

Principal Place of Business

7061 N.W. 10 PLACE  
PLANTATION FL 33313

Mailing Address

~~7061 N.W. 10 PLACE~~  
~~PLANTATION FL 33313~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number

65-0954510

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
PD	DUKES, SHARON	7061 N.W. 10 PLACE	PLANTATION FL 33313
TD	DUKES, SAMUEL S	<del>7061 N.W. 10 PLACE</del>	<del>PLANTATION FL 33313</del>

8. Name and Address of Current Registered Agent

DUKES, SHARON  
7061 N.W. 10 PLACE  
PLANTATION FL 33313

9. Name and Address of New Registered Agent

Name

SAMUEL S. DUKES

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

250 JACARANDA DRIVE, UNIT 110

Suite, Apt. #, Etc.

UNIT 110

City

PLANTATION

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11.3.3

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:

SAMUEL S. DUKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.3.3

Daytime Phone #

954.916.2383

CR2E040 (7/03)

11-3-3

Dear Sir:

I found the Application for Reinstatement this morning and did not receive the original notice to pay the \$150. Would you kindly accept the enclosed \$150. payment in full and waive the balance of \$600.

Thanking you in advance.

Sincerely

Samuel L. Dickes