


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 MAR 29 PM 3:55

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002247

1. Corporation Name  
Project Debby, Inc.

2. Principal Office Address  
102 Half Moon Circle

3. Mailing Office Address

Suite, Apt. #, etc.  
H-2

City & State  
Hypoluxo Florida

Zip Country

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified To Do Business in Florida 12-8-1995

5. FEI Number 65-0487607

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Naomi Potash

Street Address (P.O. Box Number is Not Acceptable)  
102 Half Moon Circle

Suite, Apt. #, Etc.  
H-2

City Hypoluxo

State FL Zip 33465

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent Naomi Potash, Ex Director Date 3/28/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer's and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>CEO</del> P/O	<u>Naomi Potash</u>	<u>102 Half Moon Circle H-2</u>	<u>Hypoluxo, FL 33465</u>
<del>VP</del>	<u>Ruth Berman</u>	<u>8057 Cassia Dr.</u>	<u>Baynton Beach, FL 33437</u>
<del>SECRETARY</del>	<u>mark Potash</u>	<u>11456 N Solar Ave</u>	<u>Meyum, MI 48067</u>

SID

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: Naomi Potash Date 3/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 072100000032  
 REFERENCE : 501559 7330950  
 AUTHORIZATION :  
 COST LIMIT : \$ PPD

RECEIVED  
 02 MAR 29 PM 12:55  
 DIVISION OF CORPORATION

ORDER DATE : March 28, 2002  
 ORDER TIME : 2:49 PM  
 ORDER NO. : 501559-005  
 CUSTOMER NO: 7330950  
 CUSTOMER: Ms. Naomi Potash  
 Naomi Potash  
 11456 N. Solar Avenue  
 Mequon, WI 53097

**RESUBMIT**  
 Please give original  
 submission data as file date.

DOMESTIC FILINGS

NAME: PROJECT DEBBY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

DEPARTMENT OF SPANISH  
 DIVISION OF CORPORATION  
 TALLAHASSEE, FLORIDA

02 MAR 28 PM 3:22

RECEIVED

*could I get this  
 back today please?  
 Thanks!  
 Sara*