


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 8:01

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P0100005834**

1. Corporation Name
INDEBCA, INC.

2. Principal Office Address 836 E. VINE ST		3. Mailing Office Address 836 E. VINE ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34744	Country US	Zip 34744	Country US

900009509169
 12/13/02--01084--006 **758.75

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida **01/12/2001**

5. FEI Number **59-3696209** 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
LUIS A. CABRERA

Street Address (P.O. Box Number is Not Acceptable)
836 E. VINE ST

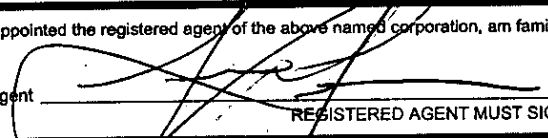
Suite, Apt. #, Etc.

City
KISSIMMEE

State
FL

Zip Code
34744

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.

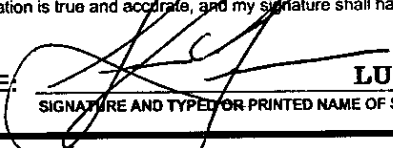
Signature of Registered Agent  Date **12/12/2002**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	BRUNO, GIOSUE	2610 SPRING HILL DR	KISSIMMEE, FL 34743
DV	CARREIRO, MARIA T	2610 SPRING HILL DR	KISSIMMEE, FL 34743
DS	CABRERA, LUIS A	836 E. VINE ST	KISSIMMEE, FL 34744

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:  **LUIS A CABRERA/SECRETARY** Date **12/12/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR3E081 (8/01)