

# 2008 FOR PROFIT CORPORATION REINSTATEMENT



FILED

08 NOV -3 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2008**

<b>DOCUMENT # H43147</b>			
1. Entity Name <b>DEBRY PROPERTIES, INC.</b>			
Principal Place of Business <b>123 TROPICANA DRIVE PUNTA GORDA, FL 33950</b>		Mailing Address <b>123 TROPICANA DRIVE PUNTA GORDA, FL 33950</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2646109</b>			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>DEBRY, JEAN M. 123 TROPICANA DR. PUNTA GORDA, FL 33950</b>		Name <b>Joel Ament</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>901 Tamiami Trail</b>	
		City <b>Panama City</b>	
		State <b>FL</b>	Zip Code <b>32902</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joel Ament (Signature typed or printed name of registered agent and title if applicable.)  
 Signature: Joel Ament (NOTE: Registered Agent signature required when reinstating.)  
 DATE: 10/30/08

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DEBRY, JEAN M. 123 TROPICANA DR. PUNTA GORDA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBRY, JEAN M. 123 TROPICANA DR. PUNTA GORDA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**500137564785**  
 11/03/08--01033--018 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 10-30-08  
 Daytime Phone #