



2008 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # H43147 1. Entity Name DEBRY PROPERTIES, INC. | | | |  | | FILED 08 NOV -3 PM 4:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA  | | | | | |
| Principal Place of Business 123 TROPICANA DRIVE PUNTA GORDA, FL 33950 | | | | Mailing Address 123 TROPICANA DRIVE PUNTA GORDA, FL 33950 | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | REINSTATEMENT 2008 102820083 REINSTATEMENT 102820083 (1/07) | | 4. FEI Number 59-2646109 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| City & State | | City & State | | | | | | | | | |
| Zip | | Zip | | | | | | | | | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent DEBRY, JEAN M. 123 TROPICANA DR. PUNTA GORDA, FL 33950 | | 7. Name and Address of New Registered Agent Name Joel Ament Street Address (P.O. Box Number is Not Acceptable) 901 Tamiami Trail City Pont Charles He FL Zip Code 33992 | | | |
| 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 <small>Signature typed or printed name of registered agent and title if applicable.</small> | | | | | | (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. | | | | 500137564785 11/03/08--01033--018 **150.00 | | | | | | | |
| 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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| 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: Joel Ament <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 10-30-08 | | | | Daytime Phone # | | | |