

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79163**
1. Corporation Name
Debon-Aire Inc

2. Principal Office Address - No P.O. Box #
7 South Forrest Ave
Suite, Apt. #, etc. **—**
City & State
Kissimmee
Zip Country
34741 Osceola

3. Mailing Office Address
P.O. Box 420399
Suite, Apt. #, etc. **—**
City & State
Kissimmee
Zip Country
34742 Osceola

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **1989**

5. FEI Number
592951750 Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Eugene Duflo

Street Address (P.O. Box Number is Not Acceptable)
7 South Forrest Ave

Suite, Apt. #, etc. **—**

City State Zip Code
Kissimmee FL 34741

600254198666
11/25/13--01046--009 **1208.7

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 **11-20-13**
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
Pres	Eugene Duflo	7 South Forrest Ave	Kissimmee FL 34741
Secy	Lorraine Duflo	7 South Forrest Ave	Kissimmee FL 34741

REINSTATEMENT

NOV 25 2013
R. HUNT

10. E-mail Address: **NONE**
(To be used for future Annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.155, F.S.

SIGNATURE: **Eugene Duflo** 11-20-13 4078463341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone