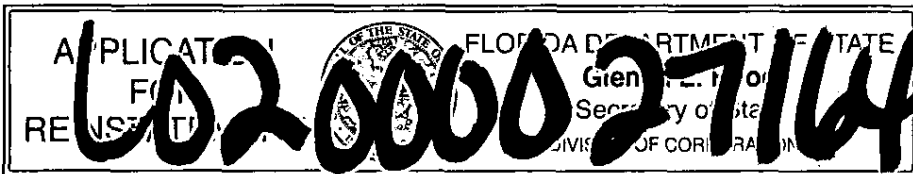


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 24 PM 2:01

1. DOCUMENT # L02000027164

Name and Mailing Address

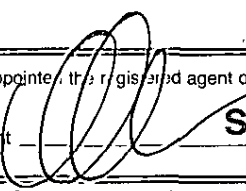
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013109 01 AT 0.292 **AUTO T7 0 0615 33496-164125




DEBIT II, L.L.C.
5125 SUFFOLK DRIVE
BOCA RATON FL 33496-1641



2. New Mailing Address 6190 N. FEDERAL HIGHWAY City, State, Zip BOCA RATON FLORIDA 33487		4. State/Country of Formation FL	
Principal Place of Business 5125 SUFFOLK DRIVE BOCA RATON FL 33496		5. Date Organized or Qualified To Do Business in Florida 10/14/2002	
3. New Principal Place of Business Address 6190 N. FEDERAL HIGHWAY City, State, Zip BOCA RATON FL 33487		6. FEI Number 72-1538928 Applied For Not Applicable	
8. Name and Address of Current Registered Agent MALLINGER, MARTIN R C/O LANDIS & MALLINGER, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 302 BOCA RATON FL 33432		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City 10/24/03 01012 014 FL ZIP CODE			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  SIGNATURE REQUIRED MARTIN R. MALLINGER REGISTERED AGENT MUST SIGN Date 10/17/03			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STEIN, DEBORAH G	5125 SUFFOLK DRIVE 6190 N. FEDERAL HIGHWAY	BOCA RATON FL 33487

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 10/17/03 Daytime Phone # 904-994-9859

Typed or printed name of signing Managing Member/Manager Deborah Stein

CR2E094 (7/03)