


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 28 AM 9:28

<b>DOCUMENT # L04000024312</b> 1. Entity Name <b>DEBBIE &amp; TOBY ENTERPRISES, L.C.</b>					
Principal Place of Business <b>4424 HAWKS POINTE DRIVE PORT CHARLOTTE, FL 33953</b>			Mailing Address <b>4424 HAWKS POINTE DRIVE PORT CHARLOTTE, FL 33953</b>		
2. Principal Place of Business <b>324 Cross Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 495665</b> Suite, Apt. #, etc.			
City & State <b>Punta Gorda</b> Zip <b>33950</b> Country		City & State <b>Port Charlotte, FL</b> Zip <b>33949</b> Country		4. FEI Number <b>20-1092733</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>OAKS, DAVID K ESQ 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA, FL FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>AMARAL, TOBY ANTHONY</b> <b>4424 HAWKS POINTE DRIVE</b> <b>PORT CHARLOTTE, FL 33953</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>324 Cross Street</b> <b>Punta Gorda, FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>AMARAL, DEBBIE</b> <b>4424 HAWKS POINTE DRIVE</b> <b>PORT CHARLOTTE, FL 33953</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>324 Cross Street</b> <b>Punta Gorda, FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>600078470016</b>  <b>08/08/06--01032--005 **100.00</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>REINSTATEMENT</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Deborah L. Amaral</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	