

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 22 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000001145**

1. Corporation Name

DEBTERMINED INC.

Principal Place of Business

8122 GLADES RD. STE 204
BOCA RATON FL 33434

Mailing Address

8122 GLADES RD. STE 204
BOCA RATON FL 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8130 GLADES RD #204

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip

33434

Country

PALM BEACH

3. New Mailing Office Address, If Applicable

8130 GLADES RD #204

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip

33434

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/2001

5. FEI Number

65-1076392

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P Director	CARRASQUILLO, JASON	8122 GLADES RD, STE 204 8130 GLADES RD #204	BOCA RATON FL 33434
S Director	CARRASQUILLO, JASSA	8122 GLADES RD, STE 204 8130 GLADES RD #204	BOCA RATON FL 33434
CEO Director	SARVAS, Brittany	8130 GLADES RD #204	BOCA RATON FL 33434

10/24/02-01029-002 **61.25
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8. Name and Address of Current Registered Agent

GURIAN, JORGE
75 VALENIA AVE, 4 FLOOR
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02

Date

561-391-5867.

Daytime Phone #

CR2E40 (8/02)

To Whom It May Concern:

The purpose of this letter is to address the reasons for the failure to file the corporate annual report on a timely basis.

The address to which the original report was transmitted was actually not correct. In fact, the corporation is presently operating in its new location at 8130 GLADES RD #204. As such, we unfortunately never received the filing documents.

We have since updated our understanding of the rules regarding the annual renewal of a company's charter in the State of Florida in order to make certain that this problem does not re-occur in the future.

In view of the foregoing, we hereby respectfully request that the penalty for reinstatement be waived and that we be permitted to update our corporate standing with the traditional filing fee of ~~\$28.75~~ 61.25

If you have any questions, please feel free to call or fax. Thank you very much for your assistance and cooperation in this matter.

Respectfully,
DEBTTERMINED INC.


JASON CARRASQUILLO