

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069144

1. Corporation Name

LEE E. DEBELL, INC.

2. Principal Office Address

4598 SW CALLOWAY ST

Suite, Apt. #, etc.

NONE

City & State

PORT SAINT LUCIE

Zip

34953

Country

USA

3. Mailing Office Address

4598 SW CALLOWAY ST

Suite, Apt. #, etc.

NONE

City & State

PORT SAINT LUCIE

Zip

34953

Country

USA

REINSTATEMENT 03-04

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

07/17/2000

5. FEI Number

65-1028574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEE E DEBELL

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

4598 SW CALLOWAY ST

Suite, Apt. #, Etc.

NONE

City

PORT SAINT LUCIE

State

FL

Zip Code

34953

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

REGISTERED AGENT MUST SIGN

Date

1/9/04

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
P	LEE E. DEBELL	4598 SW CALLOWAY ST	PORT SAINT LUCIE, FL 34953

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/04

Daytime Phone #

772-528-0973

CR2E081 (10/02)

January 8, 2004

Lee Debell
4598 SW Calloway St
Pt St Lucie FL 34983

Florida Department of State
Division of Corporations
409 East Gaines St
Tallahassee, FL 32399

Dear Sir/Madam:

Please find enclosed the original Application for Reinstatement of my corporation, Lee E. Debell, Inc. (Document number P00000069144).

I had moved during 2003, and the original notices must have gotten lost between the moves. The enclosed application has my current and correct address.

I understand that by sending in \$300 will allow my corporation to be reinstated, and will pay the fee for both 2003 and 2004.

Please advise if any other information is needed. Thank you.

Sincerely,

Lee Debell

A handwritten signature in black ink, appearing to read 'Lee Debell', written over the printed name.