

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032490

1. Corporation Name

DEBNATH, INC.

Principal Place of Business

Mailing Address

C/O HARRY'S COIN LAUNDRY
2130 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

C/O HARRY'S COIN LAUNDRY
2130 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1092475

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DEBNATH, ROBIN	1104 E NORTH ST	WEST PALM BEACH FL 33409

300024179513
10/27/03--01118--023 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBNATH, ROBIN
1104 THE POINTE DR
WEST PALM BEACH FL 33409

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



DEBNATH, INC % Harry's Coin Laundry
2130 Okeechobee Blvd
West Palm Beach, FL 33409
P01000032490

15 October 2003

Florida Department of State
Glenda E Hood, Secretary of State
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

~~#~~ PO 1000032490

Dear Sir or Madam:

This is the first notice we have received. The annual form was not received earlier this year. Enclosed is a check for \$150.00 for 2003.

Thank you,

X 
Robin Debnath

cc: File