

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 NOV -6 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000052691**

1. Corporation Name

DEB'S ON TIME, INC.

Principal Place of Business

612 SW MCCracken AVE
PORT ST LUCIE FL 34953

Mailing Address

612 SW MCCracken AVE
PORT ST LUCIE FL 34953

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number

54-2062659

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	PAINO, DEBORA	612 SW MCCracken AVE	PORT ST LUCIE FL 34953

400024478664

11/06/03--01034--018 **150.00

8. Name and Address of Current Registered Agent

PAINO, DEBORA
612 SW MCCracken AVE
PORT ST LUCIE FL 34953

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

Date

REGISTERED AGENT MUST SIGN

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
Debora Paino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(772) 343-9515

Date

Daytime Phone #

CR2E040 (7/03)

Deb's On Time, Inc.
612 SW McCracken Ave. Pt. St. Lucie, FL 34953
(772) 343-9515

October 29, 2003

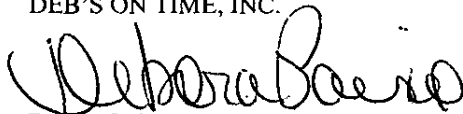
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed an Application For Reinstatement for Deb's On Time, Inc. Also find enclosed a check in the amount of \$150.00. We ask that you accept this amount in lieu of the typical \$750.00 fee for reinstatement with our apologies for being late. We have no record of receiving any prior notification regarding the status of our incorporation. We are a relatively new corporation and 2003 is the first year in which we were required to file the annual \$150.00 fee. Since we apparently did not receive the original UBR, we were unaware that this form needed to be remitted.

Please note that we have since retained an accounting and tax firm to assist us with the various formalities associated with being a Florida corporation and we do not expect such an episode to occur in the future. Additionally, we are a very small corporation and the additional \$600.00 ordinarily required to reinstate a corporation is a rather large burden for us to bear at this time. We again ask your indulgence in accepting our check and waiving the additional fees. Thank you in advance for your consideration.

Thank you,
DEB'S ON TIME, INC.



Debora Paino
President