

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000037744	
1. Entity Name DEBRA RILEY INC.	



FILED
04 DEC 10 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4751 DORANDO DR NAPLES, FL 34102	Mailing Address 4751 DORANDO DR NAPLES, FL 34102
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2. Principal Place of Business 827 96 th Avenue N	3. Mailing Address 827 96 th Avenue N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11302004 REIN-P CR2E098 (6/04)

City & State Naples, FL	City & State Naples, FL
Zip 34108	Zip 34108
Country	Country

4. FEI Number 56-2311929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RILEY, DEBRA 4751 DORANDO DR NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Debra Riley Street Address (P.O. Box Number is Not Acceptable) 827 96 th Avenue North City Naples FL Zip Code 34108
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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: Debra Riley Debra Riley x 12-6-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D/P/S/T Debra Riley 827 96 th Avenue North Naples, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT

400043328274
12/10/04--01018--012 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Riley Debra Riley x 12-6-04 239-451-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #