

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000027108

1. Corporation Name

Debilini Inc. dba Visiting Angels
Living Assistance Services

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

715 US Hwy 92 East
Suite, Apt. #, etc.
Suite A

City & State

Seffner FL

Zip

33584

Country

USA

3. Mailing Office Address

715 US Hwy 92 East
Suite, Apt. #, etc.
Suite A

City & State

Seffner FL

Zip

33584

Country

USA

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

2/10/2004

5. FEI Number

200718453

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 Deborah Mathews Waldecker

Street Address (P.O. Box Number is Not Acceptable)
715 US Hwy 92 East

Suite, Apt. #, Etc.
Suite A

City Seffner

State FL

Zip Code 33584

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Deborah Mathews Waldecker

Date 9/27/07

REGISTERED AGENT MUST SIGN

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	Deborah Mathews Waldecker	715 US Hwy 92 E Suite A	Seffner, FL 33584
V	Kenneth M Waldecker	715 US Hwy 92 E Suite A	Seffner, FL 33584

100110853781
10/18/07--01039--015 ++450.00

100110853781
10/18/07--01039--015 ++8.75

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 contained in Chapter 119, 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:

Deborah Mathews Waldecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/07

Date

813 752 0008

Daytime Phone #