

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 OCT 19 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000032112

1. Corporation Name

DEB AND ASSOCIATES, INC

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

4699 N FEDERAL HWY

Suite, Apt. #, etc.

SUITE 107

City & State

POMPAHO BEACH, FL

Zip

33064

Country

BROWARD

3. Mailing Office Address

4699 N FEDERAL HWY

Suite, Apt. #, etc.

SUITE 107

City & State

POMPAHO BEACH, FL

Zip

33064

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

3/01/2005

5. FEI Number

20-2427423

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

RICHARD BEATRICE

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

4699 N FEDERAL HWY 5

Suite, Apt. #, Etc.

SUITE 107

City

POMPAHO BEACH

State

FL

Zip Code

33064

☐ 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

[Signature] DIRECTOR

Date 10-18-2007

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
D	RICHARD BEATRICE	<u>4699 N FEDERAL HWY</u> ^{STE 107}	<u>POMPAHO BEACH FL</u> ³³⁰⁶⁴
P	KAREN WHITE	<u>4699 N FEDERAL HWY</u> ^{STE 107}	<u>POMPAHO BEACH FL</u> ³³⁰⁶⁴

200111016132
10/19/07--01055--023 **758.75

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

10-18-2007

Date

9546589813

Daytime Phone #

10/25/07