

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 15 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P95000074181

1. Corporation Name
DEBOEVER ARCHITECTURES, INC.

Principal Place of Business: ~~7380 SAND LAKE RD., STE. 300 ORLANDO FL 32819~~

Mailing Address: ~~7380 SAND LAKE RD., STE. 300 ORLANDO FL 32819~~



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

2. New Principal Office Address, If Applicable 100 Powdermill Rd	3. New Mailing Office Address, If Applicable 100 Powdermill Rd	4. Date Incorporated or Qualified To Do Business in Florida 09/25/1995
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303	5. FEI Number 59-3338249
City & State Acton, MA	City & State Acton, MA	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip 01720	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director President	Larry DeBoever	20 Knowlton Drive	Acton, MA 01720
Director Treasurer	Donna DeBoever	20 Knowlton Drive	Acton, MA 01720

REINSTATEMENT 96-97 115FA7

8. Name and Address of Current Registered Agent VACCARELLA, VINCENT ESQ. 2885 S. BAYSHORE DR., STE. 3702 601 Brickell Key DR. COCONUT GROVE FL 33133 Miami, Fl. 33131	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
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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.

Signature of Registered Agent: Vincent J. Vaccarella Date: 1/13/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Donna M. DeBoever Date: 1/10/97 (578) 264-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/96)