

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000096419**

1. Corporation Name

DEBANISE CONSULTING, INC.

FILED

96 NOV 25 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~11370 SHELLEY CIRCLE
SEMINOLE FL 34642~~

~~11370 SHELLEY CIRCLE
SEMINOLE FL 34642~~

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

2. New Principal Office Address, If Applicable

1135D-160th St N

Suite, Apt. #, etc.

103

City & State

LARGO FLORIDA

Zip

33773

Country

USA

3. New Mailing Office Address, If Applicable

1135D-160th St. N

Suite, Apt. #, etc.

103

City & State

LARGO FLORIDA

Zip

33733

Country

USA

REINSTATEMENT

4. Date incorporated or qualified
To Do Business in Florida

12/18/1995

5. FEI Number

59-3388179

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	BEATTY, DENISE	11370 SHELLEY CIRCLE 11180-5th St EAST	SEMINOLE FL 34642 TREASURE IS. FL 33706
D	LIGAS, Deborah	9082-65th St. N	PINELLAS PARK, FL 34666
			300002016593--9
			-12/02/96--01007--017
			***\$75.00 ***\$75.00

8. Name and Address of Current Registered Agent

~~HOGTRA, PETER T
8040 SEMINOLE BLVD.
SEMINOLE FL 34642~~

9. Name and Address of New Registered Agent

Name

DENISE BEATTY

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

11180-5th St EAST

Suite, Apt. #, Etc.

5th

City

TREASURE ISLAND

State

FL

Zip Code

33706

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

Denise Beatty

REGISTERED AGENT MUST SIGN

REQUIRED

Date **11-18-96**

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:

Denise Beatty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-96 813-562-2800

Date

Daytime Phone #