PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS P96000006921 DOCUMENT # 97 NOV 21 PM 2: 32 1. Corporation Name DEBRA DEVELOPMENT, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Malling Address 11887-8884-WOODS-LIANE- -11307-800A-WOODG LAME BOGA RATON FL 88428 -BOCA RATON-FL 99428-REINSTATEMENT (A If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Malling Office Address, If Applicable 3798 NW 65th LAN Sulte, Apt. #, etc. 3. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/23/1996 5. FEI Number Applied For City & State 65-0637123 Not Applicable BOCA BOCA \$8.75 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip 3798 NW 65th CANE KATON FL 33496 **bre**2 EDWARD mehin MACHER LAND 5010002356805--11/25/97--01058--010 ****^{750,00}—****^{750,00} 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MENIN, EDWARD Street Address (P.O. Box Number is Not Acceptable) 3798 NW 65th CARE -11807-BOCA WOODS LANE -BOOA-RATON FL 33428 Sulte, Apt. #, Etc. Zip Code RATON BOCA am familiar with and accept the obligations of Section 607.0505, F.S. 1 . i, being appointed ignature of egistered Date 11-19-97 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for Information AIN Intangible Personal Property tax due June 30. Yes I 12.1 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 filling 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11-19-97 561-912-9590

Date Daytime Phone #

The Contract of the Contract o

SIGNATURE

MATURE AND APER ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR