

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 22 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000047266

1. Corporation Name

Debarre Inc.

2. Principal Office Address

1185 NW 72st

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 370405

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33150

Country

Dade

Zip

33137

Country

Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

2/7/02

5. FEI Number

65-0844412

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

Rudy Rameau

400005065014--8

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

9000 NW 12 Ave

-03/07/02--01068--027

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33150

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

Date

2/7/02

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-V-C	Rudy Rameau	9000 NW 12 Ave	Miami, Fla. 33150
T-S-M	Kathleen Rameau	9000 NW 12 Ave	Miami, Fla. 33150

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 under section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudy Rameau

2/7/02

Date

305-694-7333

Daytime Phone #

\*#

2001-2002 UBR

CREATED (800)

2052

Debarre Inc.

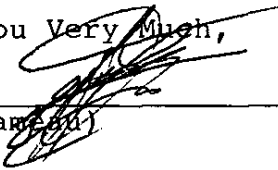
February 7, 2002

To The Company Of Department Of State Division Of Corporations:

The officers of this company never recieved  
~~any annual notice for this corporation. The corporation will~~  
provide a mailing address P.O.Box 370405, Miami, Fla. 33137.  
~~We as the corporation will greatly appreciate The Department~~  
Of State Division Of Corporation to send the corporation all  
the annual notice in the future.

Thankyou Very Much,

President:

  
\_\_\_\_\_  
(Rudy Ramon)