

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB 10 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047266

1. Corporation Name

Debarre Inc.

WOU-43711

REINSTATEMENT 03-05

07/29/04 01614-006 \$750.00

2. Principal Office Address

1185 NW 72 St

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33150

Country

Dade

3. Mailing Office Address

[Redacted]

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33150

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

0004 R.R.  
2000 R.R.

5. FEI Number

65-0844412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rudy Rameau

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

12725 N. Miami Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

8. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. *R.R.*

Signature of Registered Agent

*[Handwritten Signature]*

Date

11-17-04 *R.R.*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Office 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/CD	Rameau, Rudy	12725 N. Miami Ave	Miami, Fla. 33168
TSM	Rameau, Kathleen	12725 N. Miami Ave	Miami, Fla. 33168

200045163552  
01/21/05--01022--016 \*\*308.75

10. I certify that I am an officer or director of the receiver or trustee of the corporation 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 corrected, the corporation 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 all officers and directors listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate. My signature has the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

Date

786-399-9268

Business Phone #