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

Deborre Inc.

W04-4371

REINSTATEMENT 03-05

03-05

07/29/04 01014-006 $750.00

2. Principal Office Address	3. Mailing Office Address
1185 NW 72st	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fla.	City & State: Miami, Fla.
Zip: 33150 Country: Dade	Zip: 3 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 2004 R.R. K.R.

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

Street Address (P.O. Box Number is Not Acceptable): 12725 No 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. K.R.

Signature of Registered Agent: _____ Date: 11-17-04

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
PVCD	Rameau, Rudy	12725 N. Miami Ave	Miami, Fla 33168
TSM	Rameau, Kathleen	12725 N. Miami Ave	Miami, Fla 33168

200045163552
01/21/05--01032--016 **308.75

10. I certify that I am an officer or director of the receiver or trustee or am authorized 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 cured, 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 the officers and directors 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 has the same legal effect as if made under oath.

SIGNATURE: _____ 1/13/05 R.R. K.R. 786-399-9268

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