

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 16 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000047266

1. Corporation Name

Debarre Inc.

2. Principal Office Address - (No P.O. Box #)

1185 NW 72st

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33150

Country

Dade

3. Mailing Office Address

P.O. Box 370405

Suite, Apt. #, etc.

City & State

Miami, Fla.

Zip

33137

Country

Dade

4. Date Incorporated or Qualified
For Do Business in Florida

5-21-1998

5. FEEL Number

65-0844412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7.75 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 N. Miami Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/3/07

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	Rudy Rameau	12725 N. Miami Ave	Miami, Fla. 33168

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7/29/04 01014 006 750.00

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 contained in Chapter 119, 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

10/3/07

Date

305-835-7373
786-419-9470
786-399-9268

Daytime Phone #

10/17
aw