

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000047266

1. Corporation Name

DEBARRE INC.

Principal Place of Business

Mailing Address

1185 NW 72 St  
Miami, FL 33150

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1185 NW 72 St  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 370405  
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33150

Country

USA

Zip

33137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/98

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Rudy Rameau	1185 NW 72 St	Miami, FL 33150

8. Name and Address of Current Registered Agent

Rudy Rameau  
12725 N. Miami Ave  
Miami, FL 33168

9. Name and Address of New Registered Agent

Name Rudy Rameau  
Street Address (P.O. Box Number is Not Acceptable)  
1185 NW 72 St  
Suite, Apt. #, Etc.  
City Miami  
State FL Zip Code 33150

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/21/09

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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)(i), 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

10/21/09

Date

786-399-9268

Daytime Phone #

800162073028  
10/23/09--01024--021 \*\*500.00

REINSTATEMENT 08-09

800162073028  
10/23/09--01024--022 \*\*500.00

800162073028  
10/23/09--01024--023 \*\*58.75

10/26

CR2081 (11/03/08)