

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000047266

1. Corporation Name

DEBARRE INC.

FILED

09 OCT 23 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1185 NW 72 St
Miami, FL 33150

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

REINSTATEMENT 08-09

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 72st

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33150

Country
USA

3. New Mailing Office Address, If Applicable

P.O. Box 370405

Suite, Apt. #, etc.

0405

City & State
Miami, FL

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)

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

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

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

10/26

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 72st
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:

Rudy Rameau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/09
Date

786-399-9268
Daytime Phone #