PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris **FOR** Secretary of State FIED REINSTATEMENT' DIVISION OF CORPORATIONS P98000093473 **DOCUMENT#** 99 DEC 10 PH 3: 13 1. Corporation Name SECRE A STATE TALLAHASSEL FLORIDA **DEBUT VENTURES INCORPORATED** Principal Place of Business Mailing Address 6240 FLORIDIAN CIR 6240 FLORIDIAN CIR LAKE WORTH FL 33463 LAKE WORTH FL 33463 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/02/1998 Suite, Apt. #. etc. Suite Apt #, etc. FEI Number Applied For City & State City & State Not Applicable \$8.75. Add horer Fee required for a Certificate of Status. Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 🔲 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) RES./ 00003076681--5 -12/21/99-01060--016 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent WILLIAMS, IRA Street Address (P.O. Box Number is Not Acceptable) **6240 FLORIDIAN CIR** LAKE WORTH FL 33463 Suite, Apt. #, Etc. Zip Code and accept the obligations of Section 607.0505, F.S. red agent of the aboy 10. I, being appointed the repiste Signature of Registered Agend 11. 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 to moti 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 and a firmade under cath. **SIGNATURE**

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