## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000002957

City-St-Zip:

WELLINGTON, FL 334146258

FILED Nov 24, 2008 Secretary of State

Entity Name: DEBOND 2000, INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
11924 FOREST HILL BLVD 22-213					
WELLINGT	ON, FL 33414	46258			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
11924 FOREST HILL BLVD 22-213 WELLINGTON, FL 334146258				10616 PINE CONE LANE FT. PIERCE, FL 34945	
			11.112.02,12.010		
FEI Number:	65-0887106	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DONOVAN, MICHAEL R 2015 PORTLAND AVENUE WELLINGTON, FL 334148008 US			10616 PINE CONE LAN	NORBURN, CHARLES E 10616 PINE CONE LANE FT. PIERCE, FL 34945 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: CHARLES E. NORBURN				11/24/2008	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPT () NORBURN, CHA 11924 FOREST WELLINGTON,	HILL BLVD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS (X) DONOVAN, MIC 11924 FOREST WELLINGTON,	HILL BLVD	Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	D () MURPHY, J. JA 11924 FOREST		Title: ( Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES E. NORBURN DPT 11/24/2008