

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 12:09

DOCUMENT # P99000006047

1. Corporation Name

JAMES EMILIO DEBONIS INCORPORATED

Principal Place of Business

Mailing Address

4532 SOUTHWEST 71ST AVENUE
MIAMI FL 33155

4532 SOUTHWEST 71ST AVENUE
MIAMI FL 33155

REINSTATEMENT

00-01

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		4. Date Incorporated or Qualified To Do Business in Florida	
		PO BOX 558196		01/21/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. FEI Number	
		MIAMI FL		65-1105818	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
33255		DADE			

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	4 City / State / Zip
PST	DEBONIS, HAROLD RALPH	P.O. BOX 558196	MIAMI FL 33255
PST	DEBONIS, HAROLD RALPH	PO BOX 558196	MIAMI FL 33255
V	JAMES H. JOHNSON, JR.	PO BOX 558196	MIAMI FL 33255
V	JAMES H. DEBONIS	PO BOX 558196	MIAMI FL 33255
			100004447171--1 -06/27/01--01021--005 ****750.00 ****750.00

05/15/00 90307 009 15000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEBONIS, HAROLD RALPH
9025 BLAINE STREET
COCONUT CREEK FL 33193

Name

Street Address (P.O. Box Number is Not Acceptable)

3025 BLAINE STREET

Suite, Apt. #, Etc.

City

COCONUT CROVE

State

FL

Zip Code

33133

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

MAY 23, 2001

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 do not qualify for an exemption under section 119.07(3)(i), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES H. JOHNSON, JR., VICE PRESIDENT

MAY 23, 2001

Date

(305)
662-2214

Daytime Phone #