

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG 14 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007308

1. Corporation Name

Deborah Construction, Inc.

2. Principal Office Address

1764 Cheryl Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Zip

34744

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1-21-99

5. FEI Number

65-0888134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** 02, 03

**7. Name and Address of Current Registered Agent**

Name

Deborah Czubkowski, President

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

15233 SW 21st Street

300022296383

Suite, Apt. #, Etc.

00/14/00 61085 003 \*\*300 00

City

Miramar

State

FL

Zip Code

34684

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 8/7/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jose Gomez	1764 Cheryl Lane	Kissimmee, Florida 34744
S / T	Gwendoline Gomez	1764 Cheryl Lane	Kissimmee, Florida 34744

10. 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

8/7/03

Date

(407) 846-4421

Daytime Phone #

CR2E081 (10/02)

*Handwritten initials and date 8/10*