

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 29 AM 8:00

DOCUMENT # 529346

1. Corporation Name

DEBIT CALL, INC.

REINSTATEMENT 04

800039693858  
07/29/04--01042--020 \*\*758.75

MRS

2. Principal Office Address

9186 Stillbridge Lane

Suite, Apt. #, etc.

3. Mailing Office Address

9186 Stillbridge Lane

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32514

Country

USA

Zip

32514

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number

593160906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

E. I. McDonald

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

9186 Stillbridge Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

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

E. I. McDonald

REGISTERED AGENT MUST SIGN

Date 07/26/04

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
Pres.	E. I. McDonald	9186 Stillbridge Ln.	Pensacola, FL 32514

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:

E. I. McDonald, Pres. E. I. McDonald, Pres. 07/26/04 8507231056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)