PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP -8 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770988

1. Corporation Name

DELCARI, INC.

Principal Place of Business
5743 Stonewall Jackson Road
Orlando, FL 32807

Mailing Address (same)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Oct. 28, 1983

5. FEI Number: 59-2378729 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres./ Director	Olga Sanchez de Fuentes	1482 Grandview Blvd.	Kissimmee, FL 34744
V. Pres./ Director	Rafael Angulo, M.D.	1402 Sovereign Court	Orlando, FL 32808
Sec./Tres./ Director	Leticia Marques	9001 Woodbreeze Blvd.	Windermere, FL 34786-8821

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****428.75 ****428.75

8. Name and Address of Current Registered Agent

Vicente Soto
5741 Stonewall Jackson Road
Orlando, FL 32807

9. Name and Address of New Registered Agent

Name: Olga Sanchez de Fuentes
Street Address (P.O. Box Number is Not Acceptable): 1482 Grandview Blvd.
Suite, Apt. #, Etc.:
City: Kissimmee State: FL Zip Code: 34744

CR2E040 (12/96)

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: Olga Sanchez de Fuentes — Date: 8-22-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Olga Sanchez de Fuentes — 8-22-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #