

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 11:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050594**

1. Corporation Name
DELSON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
15995 COLLINS AVENUE UNIT C-3 NORTH MIAMI BEACH FL 33160	15995 COLLINS AVENUE UNIT C-3 NORTH MIAMI BEACH FL 33160



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	5. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/08/1994	65-0601693	Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
Zip	Country	Zip	Country	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VALLEN, ADELE	15995 COLLINS AVE. 1087 Sawtooth St	MIAMI BEACH FL 33160 Hollywood, FL 33019
VS	LEDERER, SONYA	2450 NE MIAMI CENTER GARDENS 1000 Island Blvd N.M.B. FL 33180 Apt 205	N. MIAMI BEACH FL 33180 700003532617--5 -01/11/01--01041--014 ****750.00 ****750.00

REINSTATEMENT *DD* **ITS**

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEDERER, STEVEN L J 2450 NE MIAMI GARDENS SUITE 100 NORTH MIAMI BEACH FL 33180	Name: FRED VALLEN Street Address (P.O. Box Number is Not Acceptable): 1087 Sawtooth St Suite, Apt. #, Etc.: City: Hollywood State: FL Zip Code: 33019

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]* **SIGNATURE REQUIRED** Date: **12/24/2000**
 REGISTERED AGENT MUST SIGN

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** (P) Date: **12/24/2000** Daytime Phone #: **954-271-1738**
ADELE VALLEN

CR2E040 (8/00)

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DELSON INVESTMENTS INC
1087 SATINLEAF STREET, FLORIDA 33019
PHONE 954-927-1245 FAX 954-927-1265
E MAIL ADDRESS VALLENEFF@AOL.COM

DECEMBER 26, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

~~RE CORPORATION FEI 65-0601693~~
DOC # P9400050594

GENTLEMEN;

ENCLOSED FIND CHECK IN THE SUM OF \$ 750.00
PLEASE CHANGE YOUR RECORDS TO REFLECT THE FOLLOWING.

PRESIDENT--ADELE VALLEN
1087 SATINLEAF STREET
HOLLYWOOD, FL. 33019

V.P. & SEC SONIA LEDERER
7000 ISLAND BOULEVARD--APT 2005
AVENTURA, FLORIDA 33180

RESIDENT AGENT
FRED VALLEN
1087 SATINLEAF STREET
HOLLYWOOD, FLORIDA 33019

YOURS TRULY

