

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050594

1. Corporation Name

DELSON INVESTMENTS, INC

2. Principal Office Address

1087 SATINLEAF ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 220048

Suite, Apt. #, etc.

City & State

HOLLYWOOD

Zip

33019

Country

US

City & State

HOLLYWOOD

Zip

33022

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/8/1994

5. FEI Number

65-0601693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional
for a Florida

Name

FRED VALLEN

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

1087 SATINLEAF STREET

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

Fred Vallen

REGISTERED AGENT MUST SIGN

Date

Nov 4, 2002

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	Adee Vallen	1087 SATINLEAF ST	Hollywood, FL 33019
VP	Sonig Lederer	7000 ISLAND CME	Aventura, FL 33180

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:

Daley Vallen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 4, 2002

Date

954-927-1738

Daytime Phone #

DELSON INVESTMENTS INC

POST OFFICE BOX 220048-HOLLYWOOD,FL,33022-0048

1087 SATINLEAF STREET,HOLLYWOOD,FL,33019

PHONE 954-927-1738 FAX 954 927-1265 CELL 305-778-8211

E MAIL ADDRESS VALLENEFF@AOL.COM

November 5, 2002

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

RE:DELSON INVESTMENTS
RE-INSTATEMENT

GENTLEMEN;

PLEASE BE ADVISED THAT THE ANNUAL REPORT FORM HAS NOT BEEN
RECEIVED BUT WAS MAILED ERRONEOUSLY TO THE WRONG ADDRESS.

ENCLOSED HERewith FIND CHECK IN THE SUM OF \$ 300.00 REPRESENTING
PROPER FEES ..PLEASE WAIVE ANY PENALTYS..

YOURS TRULY;



FRED VALLEN
RESIDENT AGENT

ENCLOSED HEREWITH FIND CHECK IN THE SUM OF \$ 300.00 REPRESENTING
PROPER FEES ..PLEASE WAIVE ANY PENALTYS..