

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050594

1. Corporation Name

DELSON INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1087 SATINLEAF STREET
HOLLYWOOD FL 33019

1087 SATINLEAF STREET
HOLLYWOOD FL 33019



REINSTATEMENT 03

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

07/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0601693

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VALLEN, ADELE	1087 SATINLEAF STREET	HOLLYWOOD FL 33019
VP	LEDERER, SONYA	7000 ISLAND BLVD.- APT. 2005	AVENTURA FL 33180

700024333017
10/31/03--01052--018 **150.00

Handwritten initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLEN, FRED
1087 SATINLEAF STREET
HOLLYWOOD FL 33019

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent *[Handwritten Signature]*
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/27/2003*

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/27/2003* Daytime Phone # *954-927-1738*

CR2E040 (7/03)

DELSON INVESTMENTS INC

POST OFFICE BOX 220048 HOLLYWOOD,FLORIDA 33022-0048

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

E MAIL ADDRESS VALLENEFF@AOL.COM

OCTOBER 27,2003

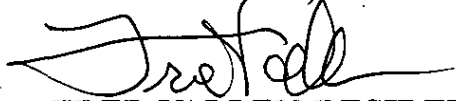
**DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O.BOX 6327
TALLAHASSEE,FLORIDA 32314-6327**

**RE;DELSON INVESTMENTS INC
P9400050594**

GENTLEMEN;

**WE HAVE NEVER RECEIVED THE TWO PRIOR U.B.R. NOTICES
I AM ENCLOSING HEREWITH A CHECK IN THE SUM OF \$150.00
THE FEE TO FILE THIS REPORT WITHOUT PENALTY.**

YOURS TRULY;



FRED VALLEN-RESIDENT AGENT