

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1996 NOV -8 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41476**

1. Corporation Name
GERALD DILaura ENTERPRISES, INC.

Principal Place of Business
4800 A N POWERLINE RD
POMPANO BEACH FL 33073
US

Mailing Address
6217 NW 42ND CT
CORAL SPRINGS FL 33067
US



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

2. New Principal Office Address, If Applicable 6217 NW 42ND CT Suite, Apt. #, etc. CORAL SPRINGS, FL. City & State		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida 06/05/1992	
5. FEI Number 65-0335007		Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DILaura, GERALD P.	6217 NW 42 CT	CORAL SPRINGS FL

400002005384--5
-11/15/96--01008--007
****375.00 ****375.00

REINSTATEMENT *with signature*

8. Name and Address of Current Registered Agent DILaura, GERALD P. 6217 NW 42 CT CORAL SPRINGS FL 33067		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 *Gerald Dilaura* **SIGNATURE REQUIRED** Date **11/5/96**
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: *Gerald Dilaura* **GERALD DILaura** **11/5/96** **954-346-0422**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR22340 (7/96)