


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 441919		
1. Entity Name DELAHANTY AND ASSOCIATES, INC.		

FILED
08 OCT 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 228 S. OCEAN SHORES DR. KEY LARGO, FL 33037	Mailing Address 228 S. OCEAN SHORES DR. KEY LARGO, FL 33037 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272008 REIN-P CR2E098 (1/07)

4. FEI Number 59-1502504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELAHANTY, HOWARD J. 228 SOUTH OCEAN SHORES DRIVE KEY LARGO, FL 33037	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Howard J. Delahanty</i>	DATE 10-28-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELAHANTY (HOWARD J.) 228 SOUTH OCEAN SHORES DR. KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600137483426 10/30/08--01033--007 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DELAHANTY (LINDE M.) 228 SOUTH OCAEN SHORES DR. KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Howard J. Delahanty</i>	Pres.	10-28-08	305-444-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

10/30/08