

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 19 PM 1:57



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07



12112007 REIN-P CR2E098 (1/07)

DOCUMENT # 237056				1. Entity Name DELANEY ENTERPRISES, INC.	
Principal Place of Business 204 EAST PARK STREET LAKE PLACID, FL 33852-6363			Mailing Address 204 E PARK ST LAKE PLACID, FL 33852-6363		
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	4. FEI Number 59-1001732	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELANEY, MARY C 204 EAST PARK STREET LAKE PLACID, FL 33852-6363				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>Mary C. Delaney</i> Mary C. Delaney				DATE <i>12/17/2007</i> 12/17/2007	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DELANEY, CONSTANCE M 204 E PARK STREET LAKE PLACID, FL 33852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELANEY, ROBERT M 231 N. MAIN AVE LAKE PLACID, FL 338522607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900113307448 <input type="checkbox"/> Addition 12/20/07--01003--002 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC RIDGEWAY, KAYE D 204 E PARK STREET LAKE PLACID, FL 33852	<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	D DELANEY, LAMONTE L 207 BOREN AVENUE LAKE PLACID, FL 33852	<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	D DELANEY, MARK L 446 REDWAKER LANE LAKE PLACID, FL 33852	<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	D STAIK, MARY M 409 GRAND PRIX DRIVE SEABRING, FL 33870	<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>Constance M. Delaney</i> Constance M. Delaney				DATE <i>12/17/07</i> 863-465-3047 Daytime Phone #	