

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 PM 2:21

DOCUMENT # 251502

1. Corporation Name

526 DELANNOY, INC.

Principal Place of Business

625 FLORIDA AVE #5  
COCOA FL 32922

Mailing Address

625 FLORIDA AVE #5  
COCOA FL 32922

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. 1795 Cogswell St

City & State Rockledge FL

Zip 32922 County BKA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. 1795 Cogswell St

City & State Rockledge FL

Zip 32922 Country USA

REINSTATEMENT

99

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1961

5. FEI Number

59-0943013

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	MOLITOR, DONALD	625 FLORIDA VE #5 1795 Cogswell St	COCOA FL Rockledge FL
TD	MOLITOR, JUDITH M.	625 FLORIDA AV #5 1795 Cogswell St	COCOA FL Rockledge FL
P	MOLITOR, JUDITH M.	625 FLORIDA AV #5 1795 Cogswell St	COCOA FL Rockledge FL
V	MOLITOR, DONALD S.	625 FLORIDA AVE., STE. 5	COCOA FL
			400003046514--6 -11/17/99--01003--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MOLITOR, DONALD  
625 FLORIDA AV #5  
COCOA FL 32922

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1795 Cogswell St  
Suite, Apt. #, Etc.  
City  
Rockledge  
State  
FL  
Zip Code  
32955

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

REGISTERED AGENT MUST SIGN

Date Nov 1-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-99 407 680720

CS25040 (9/99)