PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502267

1. Corporation Name
DELAFIELD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
515 LIVE OAK ROAD VERO BEACH FL 32963	470 COCONUT PALM RD VERO BEACH FL 32963 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 470 Coconut Palm Road	Suite, Apt. #, etc.
City & State Vero Beach, Florida	City & State
Zip: 32963 Country: U.S.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1976

5. FEI Number: 59-1000056 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PD	DELAFIELD, G. MASON	[redacted] 470 Coconut Palm Road	VERO BEACH FL
STD	DELAFIELD, BARBARA BAKER	[redacted] 470 Coconut Palm Road	VERO BEACH FL
D	DELAFIELD, JAMES P	STONEHOUSE ROAD	NEW LONDON NH

100002011891--4
-11/22/96--01010--018
****375.00 ****375.00

DB 11-20-96

8. Name and Address of Current Registered Agent

HENDERSON, STEVE L. OF JONES & FOSTER, PA
817 BEACHLAND BLVD
VERO BEACH FL 32960

9. Name and Address of New Registered Agent

Name: Henderson, Steve L. of Moss Henderson, et al. P.A.
Street Address (P.O. Box Number is Not Acceptable): 817 Beachland Boulevard
Suite, Apt. #, Etc.:
City: Vero Beach State: FL Zip Code: 32963

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: SIGNATURE REQUIRED Date: 11/4/96
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: SIGNATURE REQUIRED 11-15-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
G. Mason Delafield

CR2E040 (6/95) AP