## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION • **FOR** REINSTATEMENT



## FLORIDA DEPARTMÈNT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	636413
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1. Corporation Name

Principal Place of Business

700 S.E. THIRD AVE 3RD FORT LAUDERDALE FL 33316

Signature of Registered Agen

US

## HAPAN DELGADO CORP.

Mailing Address C/O MITCHELL MARGATES MARGALZES

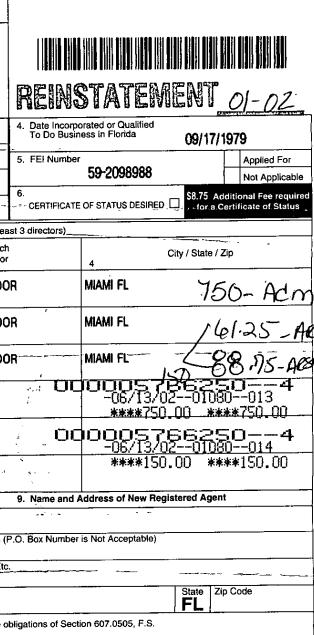
MARLOUZE C/O MITCHELL MARGATES 700 S.E. THIRD AVE 3RD FORT LAUDERDALE FL 33316

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



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Suite, Apt. #	950	Suite, Apt. #, e	950		5. FEI Numbe			Applied For
City & State	100.110 61 10	City & State	Arlerdole	Horila		59-2098988		Not Applicable
7337	Lorderdale Florida 301 Country	zip 33.	} o !	uhtry A	<u> </u>	E OF STATUS DESIRED		Additional Fee required a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flori	da nonprofit con					
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PD	TAN, K C		one s.e. Thi	RD AVE, 10TH FLOO	OR	MIAMI FL	7	150- Adm 161.25-A
SD ·	TAN, KATHLEEN		ONE S.E. THI	RD AVE, 10TH FLOO	OR '	MIAMI FL		61.25_A
-TD	TAN, LESLIE		ONE-S.ETHI	RD AVE; 10TH FLOO		MIAMI FL	150	88 NS-AC
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8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
MADOOUPO MITOUPI I			Name Street Address (	Name Street Address (P.O. Box Number is Not Acceptable)				
700 SE	THIRD AVE							
FORT LAUDERDALE FL 33316 Suite, Apt. #, Etc.								
		_		City			State <b>FL</b>	Zip Code
10. I, being	g appointed the registered agent of the abo	ove named corpor	ration, am famili	ar with and accept the o	obligations of Sec	otion 607.0505, F.S.		

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.