

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN -3 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 636413

1. Corporation Name

HAPAN DELGADO CORP.

Principal Place of Business

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

Mailing Address

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

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

2. New Principal Office Address, If Applicable

450 E. LAS OLAS Blvd  
Suite, Apt. #, etc. 950

City & State  
FT. Lauderdale, Florida  
Zip 33301 Country USA

3. New Mailing Office Address, If Applicable

450 E. LAS OLAS Blvd  
Suite, Apt. #, etc. 950

City & State  
FT. Lauderdale, Florida  
Zip 33301 Country USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

09/17/1979

5. FEI Number

59-2098988

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
PD	TAN, K C	ONE S.E. THIRD AVE, 10TH FLOOR	MIAMI FL 750-Adm
SD	TAN, KATHLEEN	ONE S.E. THIRD AVE, 10TH FLOOR	MIAMI FL 161-25-AR
TD	TAN, LESLIE	ONE S.E. THIRD AVE, 10TH FLOOR	MIAMI FL 88-75-AR
			000005766250--4 -06/13/02--01080--013 ****750.00 ****750.00
			000005766250--4 -06/13/02--01080--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

MARGOLIES, MITCHELL J  
700 SE THIRD AVE  
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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]*  
REGISTERED AGENT MUST SIGN

Date

3/01/02

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]* K.C. TAN MRS. K.C. TAN 15 APR, 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E040 (8/01)