

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

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DOCUMENT # **F32130**

1. Corporation Name

DELTONA HOMES & LAND, INC.

Principal Place of Business

Mailing Address

2820 HOWLAND BLVD. #6
DELTONA FL 32725-1606

2820 HOWLAND BLVD. #6
DELTONA FL 32725-1606



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

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2098961

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BIANCARDI, CONNIE	2820 HOWLAND BLVD. #6	DELTONA FL
ST	BIANCARDI, KARL	2820 HOWLAND BLVD.	DELTONA FL
V	BIANCARDI, KENNETH	2820 HOWLAND BLVD.	DELTONA FL 32725

11/12/01 000004711130--7
-12/06/01--01026--007
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BIANCARDI, KIRSTY
2820 HOWLAND BLVD.
#6
DELTONA FL 32725-1606

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

Date

11-1-2001

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

TR 386-789-2000

11-1-2001

Daytime Phone #

CO-BROKE WELCOME
Serving 7 Counties
& Statewide



OFFICE: (904) 789-2000
FAX: (904) 789-1562

Deltona Homes & Land, Inc.



Nous Parlons Français
Se Habla Español
Parliamo Italiano

FAX/NOTARY SERVICE
RENTAL MANAGEMENT

2820 Howland Blvd., #6
Deltona, Florida 32725-1606

Nov. 1, 2001

Dir of Corporations
Annual Report/Restatement
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Restatement

Dear Sir:

I am amazed when I receive the notice of dissolution for the past 20 yrs I have been receiving the renewal report. Unfortunately I did not receive the form for year 2001.

Enclosed please find my check for \$150.00 & filled form as per telephone conversation today with your staff member advised.

Thank you for your kind cooperation on this matter as soon as possible.

Sincerely,

Connie Biancardi
CONNIE BIANCARDI