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1. Corporation Name

700194900707  
02/17/11--01053--009 \*\*750.00

### 3. Mailing Office Address

1801 GRANDE ISLE CIRCLE

Suite, Apt. #, etc

133B

City &amp; State

ORLANDO, FL

Country

Zip

Country

US

7. Name and Address of Current Registered Agent

Name \_\_\_\_\_

MURAI WALD BIONDO & MORENO, P.A.

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

1200 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

City **CORAL GABLES**

State  
FL

Zip Code  
145 . . .

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 2.2.2011

REGISTERED AGENT MUST SIGN

9. **Names and Street Addresses of Each Officer and/or Director** (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	CHRISTOPHER DELGUIDICE	1801 GRAND ISLE CIRCLE 133B	ORLANDO, FL 32810
	<div data-bbox="186 1577 721 1663"> REINSTATEMENT  2010-11 </div>		S. HAWKES
			JAN 18 2011
			EXAMINER

10. **E-mail Address:** CHRIS@DELAMERICAN.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #