


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J30895

1. Corporation Name

ROBERT A. DELORENZO BUILDERS, INC.

Principal Place of Business

Mailing Address

300 W. MITCHELL H. HAMMOCK RD.K  
STE 8  
OVIEDO FL 32765  
US

PO BOX 620637  
OVIEDO FL 32762-0637  
US

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

08/28/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-2740794

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	DELORENZO, ROBERT A.	<del>3003 CARNARY DRIVE</del> 105 Ashford Dr	OVIEDO FL 32765 Winter Springs FL 32708
S	DELORENZO, THOMAS	138 E HILLCREST Ave	NEW GORTH PA 16105 CASTLE
<del>D</del>	<del>BURKE, ADEL M</del>	<del>502 POINTE ALISON</del>	<del>ORLANDO FL 32804</del>
DVP	Patti Delorenzo	105 Ashford Dr	Winter Springs FL 32708
			100004669131--6 -11/06/01-01060-012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MALONE, J. MICHAEL  
517 WEST COLONIAL DRIVE  
ORLANDO FL 32804

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


Date

10/12/01

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/12/01 (407)366-0360

CR2ED40 (8/01)