

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # J47338

1. Corporation Name

JOHN DELPRETE SALES, INC.

Principal Place of Business

Mailing Address

29045 OLS MILL EAST  
TAVARES FL 32778

29045 OLS MILL EAST  
TAVARES FL 32778  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1986

5. FEI Number

59-2813322

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	DELPRETE, JOHN	29045 OLD MILL EAST	TAVARES FL 32778
V	DEL PRETE, JOHN	29045 OLD MILL EAST	TAVARES FL 32778
S	DELPRETE, JOHN	29045 OLD MILL EAST	TAVARES FL 32778

8. Name and Address of Current Registered Agent

DELPRETE, JOHN  
29045 OLD MIL EAST  
TAVARES FL 32778

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. or 617.0505, F.S.

Signature of  
Registered Agent

*John DelPrete*

REGISTERED AGENT MUST SIGN

Date

9 Nov 03

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:

*John DelPrete* JOHN G. DELPRETE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Nov 03

Date

(850) 685-1201

Daytime Phone #

CR2E040 (7/03)

282

John Del Prete Inc.  
29045 Old Mill East  
Tavares Fl. 32778  
Tel: (850) 685-1201

9 November 2003

Florida Dept. of State  
Division of Corporations

I would like to request a waiver of the corporation reinstatement fee.

The corporate report was filed late on 1 Jul 03 and a fee of \$150 check # 667 was enclosed.  
I received the canceled check and assumed the report had been filed.

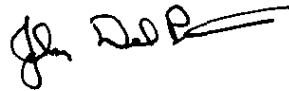
The UBR notices were never received.

Enclosed please find the application for reinstatement and a check in the amount of \$400.

I was advised on 5 Nov 03 in a telephone conversation with your office that \$400 would be the required amount if a waiver was granted, hopefully that will be the case.

Thank you for your attention to this request.

Sincerely,

A handwritten signature in black ink, appearing to read "John Del Prete", with a long horizontal flourish extending to the right.

John Del Prete