

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 JAN -8 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M58686

1. Corporation Name

DELMINOR LANDMARK, INC.

Principal Place of Business

Mailing Address

% SAMUEL RALPH IVACO INC.  
770 SHERBROOKE ST WEST, 20TH FL  
MONTREAL QUE. CANADA H3A1G1

% SAMUEL RALPH IVACO INC.  
770 SHERBROOKE ST WEST, 20TH FL  
MONTREAL QUE. CANADA H3A1G1

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

09/08/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

98-0099136

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition of 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 (Do NOT Use Post Office Box Numbers)	
1	2	3	4
D	GOLDSTEIN, GEORGE	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN
PST	GOLDSTEIN, GEORGE	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN
AS	KASSAB, ALBERT	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN
VD	KASSAB, ALBERT	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN
VD	CHAKELSON, MORTY	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN
VAS	RALPH, SAMUEL	770 SHERBROOKE ST. WEST	MONTREAL, QUEB, CAN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REINSTATEMENT

1996 A. Alan 1/8/97

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

Cassandra Anthony

REGISTERED AGENT MUST SIGN

Date

11/21/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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

October 30 1996

Date

Daytime Phone #

(514) 288-4545