

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 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M83798**

1. Corporation Name

**DELMAJOR WYTHEVILLE, INC.**

Principal Place of Business

770 SHERBROOKE ST. W.. 20TH FLOOR  
C/O S. RALPH. IVACO INC.  
MONTREAL. QB CANADA H3A1G1

Mailing Address

770 SHERBROOKE ST. W.. 20TH FLOOR  
C/O S. RALPH. IVACO INC.  
MONTREAL. QB 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1988

5. FEI Number

98-0098652

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 (Do NOT Use Post Office Box Numbers)	City & State
1	2	3	4
PTS	IVANIER, PAUL (D)	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	IVANIER, SYDNEY	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
VD	KLEIN, ROSLYN	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
AS	KASSAB, ALBERT	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA
AS	RALPH, SAMUEL	770 SHERBROOKE ST WEST	MONTREAL, QB, CANADA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**REINSTATEMENT**

1996

*C. 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*

Date

11/21/96

REGISTERED AGENT MUST SIGN

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)(l), 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:

*Samuel Ralph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 30 1996

Date

(514) 288-4545

Daytime Phone #

CR2E040 (7/96)