


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 14 PM 4:09		
DOCUMENT # <u>N13888</u>					
1. Corporation Name <u>Delle Executive Plaza Condominium Association, Inc.</u>					
2. Principal Office Address <u>501 Holly Ln.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>501 Holly Ln.</u> <small>Suite, Apt. #, etc.</small>			
City & State <u>Brandon FL</u>		City & State <u>Brandon FL</u>			
Zip <u>33510</u> Country <u>U.S.A.</u>		Zip <u>33510</u> Country <u>U.S.A.</u>			
7. Name and Address of Current Registered Agent Name <u>Brian E. Elser</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 Holly Ln.</u> Suite, Apt. #, Etc. City <u>Brandon</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>3/14/1986</u>			
		5. FEI Number <u>65-0449697</u> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">Applied For</td><td style="width: 20%;">Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For	Not Applicable				
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
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. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent <u>[Signature]</u></td><td style="width: 40%;">Date <u>6-9-05</u></td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>				Signature of Registered Agent <u>[Signature]</u>	Date <u>6-9-05</u>
Signature of Registered Agent <u>[Signature]</u>	Date <u>6-9-05</u>				
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	Brian Elser	501 Holly Ln.	Brandon, FL 33510		
D	Arlon Elser	450 E. Hamilton Ln.	Battle Creek, MI 49015		
D	Shirley Elser	450 E. Hamilton Ln.	Battle Creek, MI 49015		
100056151241					
06/14/05--01018--018 **857.50					
10. 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.					
<table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: <u>[Signature]</u> <u>Brian Elser</u></td><td style="width: 40%;">Date <u>6-9-05</u> <u>(813) 643-2026</u></td></tr></table> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>				SIGNATURE: <u>[Signature]</u> <u>Brian Elser</u>	Date <u>6-9-05</u> <u>(813) 643-2026</u>
SIGNATURE: <u>[Signature]</u> <u>Brian Elser</u>	Date <u>6-9-05</u> <u>(813) 643-2026</u>				

CR2E081 (01/05)