

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DELAY merchants' Association,  
Inc.

Principal Place of Business

Mailing Address

404 West Atlantic Avenue  
DELRAY BEACH, FL 33444

404 W. Atl. Ave  
Delray Beach  
FL 33444

FILED

00 JAN 10 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

96-2000

W99-29615

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

03/18/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0320158

Not Applicable

Zip

Country

Zip

Country

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 / Zip
PD	Clayton Wideman	404 W. Atlantic Ave	Delray Beach, FL 33444
VP	Joseph Bernadel	225 N.W. 6 Ave	Delray Beach, FL 33444
S	Laura Bates	4008 W. Atl. Ave	Delray Beach, FL 33444
T	Malissa Ferguson	2885 Cortez Lane	Delray Beach, FL 33444
S	Carmalita Smith	400 W. Atlantic Ave-2nd Fl	Delray Beach, FL 33444
VP	Bessie Artybridge	4588 N.W. 5th Court	Delray Beach, FL 33444

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Wideman, Clayton  
404 W. Atlantic Ave  
DELRAY BEACH, FL 33444

Name

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

Suite, Apt. #, Etc.

City

State

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

Clayton Wideman

REGISTERED AGENT MUST SIGN

Date 12-21-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

Laura Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-99

Date

561 276 4915

Daytime Phone #

CR2E081 (12/98)