

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N-96000005941

1. Corporation Name

Delray Central House Group, Inc.

2. Principal Office Address

3667 S. Federal Hwy

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip  
33483

Country  
USA

3. Mailing Office Address

108 SE 31st Ave  
Boynton Beach

Suite, Apt. #, etc.

City & State

Boynton Beach FL

Zip  
33435

Country  
USA

**REINSTATEMENT** 00-04

4. Date Incorporated or Qualified  
To Do Business in Florida

11/8/96

5. FEI Number

65-0708528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raymond John Bruno

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

108 SE 31st Ave

Suite, Apt. #, Etc.

City

Boynton Beach

State  
FL

Zip Code

33435

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.

Signature of  
Registered Agent

Raymond John Bruno

REGISTERED AGENT MUST SIGN

Date 1/3/04

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	<u>Henry Rouleau</u>	<u>24 Fernside Dr</u>	<u>Boynton Beach FL 33426</u>
V	<u>Judi Braun</u>	<u>8200 Lakeshore Dr</u> <u>#403</u>	<u>Hydrex FL</u> <u>33462</u>
T	<u>Arthur L. Shilling</u>	<u>818 Chatter Rd</u>	<u>Delray Beach FL</u> <u>33483</u>
S	<u>Kathleen Carrocher</u>	<u>2805 SW 22nd Ave</u> <u>#102</u>	<u>Delray Beach FL</u> <u>33445</u>
D	<u>Richard M. McChory</u>	<u>1103 Tuscanway</u>	<u>Boynton Beach FL</u> <u>33435</u>

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.

SIGNATURE:

[Signature]

HENRY ROULEAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/04 561-722-3761

Daytime Phone #

CR2E081 (10/02)