

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION~~  
~~FOR~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
GOVERNOR  
DIVISION OF CORPORATIONS

FILED 192  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 1:04

DOCUMENT # P00000117990

1. Corporation Name

DELRAY INN, INC.

Principal Place of Business

215 NE 6 AVE  
DELRAY BEACH FL 33483

Mailing Address

215 NE 6 AVE  
DELRAY BEACH FL 33483



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  
33483 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country  
33486 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2000

5. FEE Number

651069268

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	JONAS, HAROLD	375 SE 6 AVE	DELRAY BEACH FL 33483
VSD	GOSAI, JAISEL	375 SE 6 AVE	DELRAY BEACH FL 33483

700004662477-4  
-11/01/01--01035--010  
\*\*\*\*150.00 \*\*\*\*150.00  
SP

8. Name and Address of Current Registered Agent

JONAS, HAROLD  
375 SE 6 AVE  
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01 561-243-0607

Daytime Phone #

CR2E040 (8/01)

292

375 SE 6<sup>th</sup> Avenue  
Delray Beach, FL 33483

October 15, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Delray Inn, Inc.

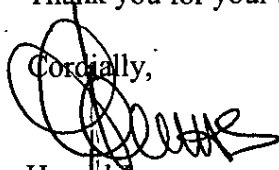
Dear Sir or Madam:

Enclosed please find \$150.00 for the year 2001 Corporation fee.

We regret the tardiness of this check, but we never received the original renewal form.  
We are sending the original amount with this letter as per instructions from your office.

Thank you for your attention.

Cordially,



Harold Jonas  
President

HJ/ro