

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

03 NOV 13 AM 8:48

DOCUMENT # *PO1000047703*

1. Corporation Name

Dela Palma Properties, Inc.

2. Principal Office Address

1144 Martha Lee Ave

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

3. Mailing Office Address

1144 Martha Lee Ave

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

Country

USA

500024940815
11/21/03--UT091--032 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/2001

5. FEI Number

59-3722113

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

Charles Shellenberger

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

1329 Bedford Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

[Signature]

Date

11/12/03

REGISTERED AGENT MUST SIGN

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	<i>Patrick Newman</i>	<i>925 Hwy A1A</i>	<i>Seffellite Beach, FL 32937</i>
V	<i>JASON M KING</i>	<i>1919 Hwy A1A #405</i>	<i>INDIAN HARBOUR BCH, FL 32937</i>

REINSTATEMENT *03*

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11-12-03

Daytime Phone #

321-243-5626