

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 13 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000084038**
1. Corporation Name **DELANCY HILL, P.A.**

2. Principal Office Address
1200 Brickell Avenue

Suite, Apt. #, etc.

950

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/01

5. FEI Number

65-1133134

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

Marlon A. Hill, Esq

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

950

City

Miami

State

FL

Zip Code

33131

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

Marlon Hill

REGISTERED AGENT MUST SIGN

Date

5/12/03

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
D	Marlon A. Hill	1200 Brickell Avenue Suite 950	Miami FL 33131
D	Michelle A. Delancy	1200 Brickell Avenue Suite 950	Miami FL 33131

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:

Marlon Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

786-777-084

Daytime Phone #

CR2E081 (10/02)



delancyhill

a professional association
attorneys-at-law

zal

May 12, 2003

VIA EXPRESS MAIL

Secretary of State
Division of Corporations
Attention: Reinstatement Department
409 East Gaines Street
Tallahassee, FL 32399

**Re: Reinstatement Form
DELANCYHILL, P.A.**

Dear Sir/Madam:

Please be advised that it has come to our attention that our corporation is administratively dissolved. Due to inaccuracies of the address in the record, we have not received any annual reports. Please consider waiving the respective reinstatement fees and accept the enclosed form and appropriate fees for expedited reinstatement of above referenced company.

Thank you for your prompt attention to this matter.

Sincerely,

DELANCYHILL, P.A.

Marlon A. Hill