

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000094428

1. Corporation Name

GIL DELGADO, INC.

Principal Place of Business

2008 SW KASIM TERRACE  
PORT ST LUCIE FL 34953

Mailing Address

2008 SW KASIM TERRACE  
PORT ST LUCIE FL 34953



100008674231  
10/29/02--01132--024 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4004 NW GOLDENROD RD

Suite, Apt. #, etc.

APT 306

City & State

JENSEN BEACH FL

Zip

Country

USA

3. New Mailing Office Address, If Applicable

4004 NW GOLDENROD RD

Suite, Apt. #, etc.

APT 306

City & State

JENSEN BEACH FL

Zip

Country

34957

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2001

5. FEI Number

65-1138683

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	DELGADO, GILBERT	<del>2008 SW KASIM TERRACE</del> 4004 NW GOLDENROD RD #306	<del>PORT ST LUCIE FL 34953</del> JENSEN BEACH FL 34957

8. Name and Address of Current Registered Agent

DELGADO, GILBERT  
2008 SW KASIM TERRACE  
PORT ST LUCIE FL 34953

9. Name and Address of New Registered Agent

Name

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

4004 NW GOLDENROD RD.

Suite, Apt. #, Etc.

APT # 306

City

JENSEN BEACH

State

FL

Zip Code

34957

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED

Date

10/24/02

REGISTERED AGENT MUST SIGN

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.

Gilbert Delgado

SIGNATURE:

*[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

772-692-0033

CR2040 (8/02)

GIL DELGADO, INC.  
Doc # P01000094428

To; Whom it may concern,

I am very sorry for not filing on time, I can honestly say I never received any notice in the mail, and we also moved making it more difficult. This is our first year of corporation filing and also was unaware of this particular filing. I can assure you I understand it now & it will not be a problem in the future.

Thankyou so much for understanding.

Sincerely,

*Gilbert Delgado*

GILBERT DELGADO — PRESIDENT

PERSONALLY KNOWN TO ME THIS 24<sup>th</sup> DAY  
OF OCTOBER 2002

*William G. Pembroke*  
William PEMBROKE

