

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 15 AM 9:14

DOCUMENT # P02000049352

1. Corporation Name

DELI PRO ENTERPRISE, INC.

Principal Place of Business

Mailing Address

7201 SW 22 STREET
MIAMI FL 33155

7201 SW 22 STREET
MIAMI FL 33155



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9305 SW 76 ST

9305 SW 76 ST

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33173

Zip
33173

Country
USA

Country
USA

5. FEI Number

32-0063031

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	VALDES, ROGELIO	7201 SW 22 STREET 9305 SW 76 ST	MIAMI FL 33155 33173
ST	VALDES, ROGELIO	7201 SW 22 STREET 9305 SW 76 ST	MIAMI FL 33155 33173

200023828422
10/15/03--01063--026 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALDES, ROGELIO
7201 SW 22 STREET
MIAMI FL 33155

Name

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

9305 SW 76 ST

Suite, Apt. #, Etc.

MIAMI FL

City

State

Zip Code

FL

33173

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/9/03 305-794-5277

CR2E040 (7/03)

2/2

Deli Pro Enterprise, Inc.
9305 S.W. 76 Street
Miami, FL 33173
(305)794-5277

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Reference: Reinstatement 2003 Annual Report
FEIN: #32-0063031

Gentlemen:

Enclosed please find our check, #1179, in the amount of \$158.75 to be applied towards the 2003 Annual Report for Deli Pro Enterprise, Inc. and a certificate of status.

Please note that the address on the report has been up-dated. Apparently, the previous notices were sent to the old address. Fortunately, one of the neighbors collected this most recent piece of correspondence and recognized who it belonged to.

Please send us a certificate of status to be sure that everything is up-to-date.

Sincerely yours,


Rogelio Valdes
President