

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -5 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052694

1. Corporation Name

Delcare, P.A.

REINSTATEMENT 04-06

2. Principal Office Address

33230 Kaylee Way
Suite, Apt. #, etc.

3. Mailing Office Address

33230 Kaylee Way
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

Leesburg, FL
Zip Country
34788 US

City & State

Leesburg, FL
Zip Country
34788 US

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/02

5. FEI Number

030442018

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

Fariborz Delbakhsh

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

33230 Kaylee Way
Suite, Apt. #, Etc.

City

Leesburg, FL

State

FL

Zip Code

34788

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]

REGISTERED AGENT MUST SIGN

Date 5/17/06

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
<u>D, P, S, T</u>	<u>Fariborz Delbakhsh</u>	<u>33230 Kaylee Way</u>	<u>Leesburg, FL 34788</u>

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06/20/06--01064--014 **450.00

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 contained in Chapter 119, 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

5/17/06

Date

Daytime Phone #

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DELCARE, PA
33230 KAYLEE WAY
LEESBURG, FL 34748

May 17, 2006

Florida Department of State

RE: Delcare PA

Dear Sir or Madam,

The purpose of this letter is to ask that reinstatement fees be waived since I did not receive annual report notices in the year of dissolution. (2004)

Sincerely,



Fariborz Delbakhsh
President