

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -6 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 020000 57102

1. Corporation Name

DELISCA AUTO REPAIR & SALES, INC.

2. Principal Office Address

1013 25th COURT

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

3. Mailing Office Address

7700 Congress Ave

Suite, Apt. #, etc.

Suite 1105

City & State

BOCA RATON FL

Zip

33487

Country

900035552749  
05/06/04--01012--011 \*\*300.00

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

04-3665650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ODELIN DELISCA

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

1013 25th COURT

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State  
FL

Zip Code

33407

**REINSTATEMENT**

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

O Delisca

Date

4/30/04

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	ODELIN DELISCA	1013 25th COURT	WEST PALM BEACH FL 33407

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:

O Delisca

4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

66

2012

**DELISCA AUTO REPAIR & SALES, INC.**

1013 25<sup>th</sup> Court  
West Palm Beach, FL 33407

The Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir:

Re: Delisca Auto Repair & Sales, Inc. P 02000057102

The mailing address for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2003 year and abate the penalty. We further enclose a check for 2004 in the amount of \$150.00

We apologize for any inconvenience caused.

Sincerely,



Odelin Delisca  
President