

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # P02000111860

1. Corporation Name

Delgo Corporation

REINSTATEMENT 03

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

8967 NW 39st.

Suite, Apt. #, etc.

8967 NW 39st.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33024

Country

USA

Zip

33024

Country

USA

100024739561
11/17/03--01015--024 **175.00

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2002

5. FEI Number

161639518

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

Maria Delgado

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

8967 NW 39st.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

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]

Date

11/07/03

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
<u>Pres</u>	<u>Carlos Delgado</u>	<u>8967 NW 39st.</u>	<u>Hollywood FL 33024</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 7/2003 305 335 2916

Date

Daytime Phone #

CR2001 (10/02)

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DELPO CORP

November 7, 2003

Attention: Division of Corporations

Subject: Application for Reinstatement:

We did not receive the two prior ²⁰⁰³ Uniform Business Report notices, please accept our check for \$175.00 and application for reinstatement.

Best regards,



**Carlos Delgado
President**