

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000077529

Entity Name: DEL CID ENTERPRISES, INC.

**FILED**  
**Dec 17, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

424 EVERGREEN DR  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

424 EVERGREEN DR  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 55-0866794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL CID, MARY  
424 EVERGREEN DR  
LAKE PARK, FL 33403 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY DELCID

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEL CID, MARY  
Address: 424 EVERGREEN DR  
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete  
Name: DEL CID, MARVIN  
Address: 424 EVERGREEN DR  
City-St-Zip: LAKE PARK, FL 33403

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS (X) Change ( ) Addition  
Name: DEL CID, MARY  
Address: 424 EVERGREEN DR  
City-St-Zip: LAKE PARK, FL 33403

Title: MR (X) Change ( ) Addition  
Name: DEL CID, MARVIN  
Address: 424 EVERGREEN DR  
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY DELCID

Electronic Signature of Signing Officer or Director

MRS

12/17/2008

Date