

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162639515
11/09/09--01060--017 **450.00

11-13-09

REINSTATEMENT 07-09

DOCUMENT # P04000136317

1. Corporation Name

De-Lite Construction, Inc.

2. Principal Office Address- No P.O. Box #

1270 NW 174 St.

Suite, Apt. #, etc.

3. Mailing Office Address

1270 NW 174 St.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/2004

5. FEI Number

☒ 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 Leroy Jones

Street Address (P.O. Box Number is Not Acceptable)
1270 NW 174 St.

Suite, Apt. #, Etc.

City Miami Gardens

State
FL

Zip Code
33169



The reinstatement fee is imposed, except in circumstances
which the entity did not receive the prior notices. By
checking this box, you are certifying the prior notices
were not received and requesting the reinstatement fee be
waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-6-09

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
PS	Leroy Jones, Jr.	1270 NW 174 St.	Miami Gardens, FL 33169
VP	Leroy Jones, Sr.	1270 NW 174 St.	Miami Gardens, FL 33169

10. E-mail Address: LCuroy@yahoo.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-09

Date

Daytime Phone#