

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

93 APR - 9 03 2: 24

TALLAHASSEE FLORIDA

DOCUMENT # **P95000019102**

1. Corporation Name

Delray Dining and Entertainment Corp.

Principal Place of Business

**5713 Corporate Way
Suite 100
W.P. Beach Fl 33407**

Mailing Address

**5713 Corporate Way
Suite 100
West Palm Bch Fl
33407**

If above addresses are incorrect in any way line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/06/95

5. FEI Number:

65-0565841

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
Pres.	GRAHAM, ANTHONY L.	5713 Corporate way # 100	West Palm Beach Fl 33407

REINSTATEMENT 98-99 TS 4/9/99

200002842262--2
-04/16/99--01076--009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

**Anthony L. Graham
5713 Corporate Way # 100
West Palm Beach Fl 33407**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Anthony L. Graham
REGISTERED AGENT MUST SIGN

Date **3/17/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax)

12. 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)(ii), 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:

Anthony L. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3/17/99
Date

561-478-1841
Daytime Phone #

CRS 001 112-901