


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 NOV -4 PM 12:16

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P05000033543**

1. Corporation Name  
**DELCOR HOMES, INC.**

Principal Place of Business      Mailing Address  
**6830 BOTTLEBRUSH LANE**      **6830 BOTTLEBRUSH LANE**  
**NAPLES FL ~~33999~~**      **NAPLES FL ~~33999~~**  
**34109**      **34109**



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/25/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0577510	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>VP</del>	<del>CORDELL, JUSTIN</del> <i>Resigned last year</i>	<del>6830 BOTTLEBRUSH LANE</del>	<del>NAPLES FL 33999</del>
<del>VP</del>	CORDELL, ALLEN	6830 BOTTLEBRUSH LANE	NAPLES FL <del>33999</del> 34109
VS	CORDELL, Dorothy	6830 Bottlebrush Lane	Naples, FL 34109
			100002340311--5 11/06/97--01079--007 ****750.00 ****750.00
			<b>REINSTATEMENT 97</b>
			SL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORDELL, JUSTIN 6830 BOTTLEBRUSH LANE NAPLES FL 33999		Name <b>ALLEN CORDELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6830 BOTTLEBRUSH LANE</b> Suite, Apt. #, Etc. City <b>NAPLES</b> State <b>FL</b> Zip Code <b>34109</b>	

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: *(Justin Cordell)* **Allen Cordell** Date: **10/28/97**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(l), 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: *Allen Cordell* **ALLEN CORDELL** 10/28/97 (941)-566-2238  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)