

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine B. Cantelmo
Secretary of State
DIVISION OF CORPORATION

FILED

99 NOV -8 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000034495**

1. Corporation Name

D.L.O. INVESTMENTS INC.

Principal Place of Business

Mailing Address

8721 S.W. 43RD ST.
MIAMI FL 33165

8721 S.W. 43RD ST.
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable
1313 PONCE DE LEON BLVD.

3. New Mailing Office Address, If Applicable
1313 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip
33134 Country **USA**

Zip
33134 Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1995

5. FEI Number

65-0581473

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DE LA OSA, ANTERO	XXXXXXXXXX 1313 PONCE DE LEON STE. 300	XXXXXXXXXX CORAL GABLES FL, 33134

200003046302--8
-11/16/99--01092--013
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE LA OSA, ANTERO
8721 S.W. 43RD ST.
MIAMI FL 33165

Name

ANTERO DE LA OSA

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

1313 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 300

City

CORAL GABLES

State

FL

Zip Code

33134

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

Antero De La Osa
REGISTERED AGENT MUST SIGN

Date

10/27/99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antero De La Osa
President

Date

10/27/99

Daytime Phone #

305-5525194

KE

CR26940 (8/99)

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**D.L.O. Investments Inc.
1313 Ponce De Leon Blvd., Ste.300
Coral Gables, FL 33134**

October 27, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: #P95000034495

Gentlemen:

Attached you will find our 1999 Annual Report with our ck #8923 in the amount of \$150.00 to cover the filing fees..

We respectfully request that the additional filing fees for late filing be abated since we had changed our mailing address and unfortunately the original return did not get to us.

Thank you in advance for your cooperation in this matter.

Sincerely,

Antero de la Osa

Antero de la Osa