

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA5000051008</u>			
1. Corporation Name <u>DE LELLIS PROMOTIONS, INC.</u> <u>DBA LILY HEALTH CARE</u>			
Principal Place of Business <u>5833 US HWY 19, SUITE 1</u> <u>NEW PORT RICHEY, FL 34652</u>		Mailing Address <u>SAME</u>	
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		Zip	
Country		Country	
		<u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida <u>7/95</u>			
5. FEI Number <u>59-3318709</u>			
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>PRES.</u>	<u>CHRISTINE DE LELLIS</u>	<u>3460 COUNTRYSIDE BLVD, #8</u>	<u>CLEARWATER, FL 33761</u>
8. Name and Address of Current Registered Agent <u>CHRISTINE DeLellis</u> <u>3460 COUNTRYSIDE BLVD, #8</u> <u>CLEARWATER, FL 33761</u>			
9. Name and Address of New Registered Agent			
Name <u>3460 Countryside Blvd, #8</u>			
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City <u>Clearwater</u> <u>FL</u> State <u>FL</u> Zip Code <u>33761</u>			
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 <u>Christine DeLellis</u> REGISTERED AGENT MUST SIGN			
Date <u>4-27-99</u>			
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 607.0101 or 617.0101, 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)(b), 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: <u>Christine DeLellis</u> CHRISTINE DE LELLIS <u>4/27/99</u> <u>727-848-6602</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			