

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV -2 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

996000071541
G.W. DELRAY PROPERTIES INC.

Principal Place of Business

Mailing Address

DELRAY, FLA

c/o Security Realty
15499 W. Dixie Highway
North Miami Beach, FL 33612

REINSTATEMENT 90-98

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

33162

FLA.

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/95

5. FEI Number

65-0615076

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	GEORGE WILLIAMS	2165 N.E. 186 ST	NO. MIAMI BEACH FL 33179
V. PRES.	SONIA WILLIAMS	2165 N.E. 186 ST	NO. MIAMI BEACH FL 33179
SECT.	GEORGE WILLIAMS JR.	18607 N.E. 24 CT.	NO. MIAMI BEACH FL 33179
TREAS.	STEVE WILLIAMS	2165 N.E. 186 ST	NO. MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

MARTIN CARLIN
2855 Lenard Drive, H108
Aventura, FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400002681484-4

11/05/98 01005 007

***1058.75 ***1058.75

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/98

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE WILLIAMS

10/23/98

Date

305-9338252
Daytime Phone #

CR2500 (1/98)