

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000075324

1. Corporation Name

DELAND MANAGEMENT, INC.

Principal Place of Business

112 NORTH FLORIDA AVE  
DELAND FL 32720

Mailing Address

112 NORTH FLORIDA AVE  
DELAND FL 32720

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

2. New Principal Office Address, If Applicable

350 E. International Security Blvd / JOSEPH Abbate, CPA  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SR 750 LB32 8411 PRESTON ROAD  
Suite, Apt. #, etc.

City & State

Deland

Zip

FL

Country

USA

City & State

Dallas, Texas

Zip

75225

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1995

5. BAD Number

59-3377434

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
D	VIRANI, AMIR	700 GEORGIA ST SUITE 2910	VANCOUVER, B.C. CANADA
			300002402303--5 -01/15/98--01112--007 ***1800.00 ***900.00

8. Name and Address of Current Registered Agent

TAYLOR, RICHARD W  
112 N FLORIDA AVE  
DELAND FL 32720

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

Richard W. Taylor

REGISTERED AGENT MUST SIGN

Date 9 Dec 97

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 3/98 (604) 669 0690

Date

Daytime Phone #

FILED

98 JAN 13 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (8/97)