

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
Nov 01, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P96000023904**

1. Corporation Name

DEMCO PROPERTIES, INC.

Principal Place of Business

**265 CRANWOOD DRIVE
KEY BISCAYNE FL 33149**

Mailing Address

**265 CRANWOOD DRIVE
KEY BISCAYNE FL 33149**



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

03/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0689865

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	TELLAM, Nanci	265 CRANWOOD DRIVE	KEY BISCAYNE FL 33149
V	TELLAM, STEVE	265 CRANWOOD DRIVE	KEY BISCAYNE FL 33149

000008760110
11/01/02--01073--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TELLAM, Nanci
265 CRANWOOD DRIVE
KEY BISCAYNE FL 33149

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. or 617.0505, F.S.

Signature of
Registered Agent

Nanci Tellam
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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)(f), 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:

Nanci Tellam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02 305-36128

CR2E040 (8/02)

DEMCO PROPERTIES

◆ ◆ ◆

Nanci Tellam
265 Cranwood Drive
Key Biscayne, FL 33149
305-361-2834

October 29, 2002

Florida Department of State
Divisions of Corporation
P.O.Box 6327
Tallahassee, Florida 32314

Subject: Demco Properties, Inc (Document #P96000023904

To Whom It May Concern:

I have enclosed an Application for Reinstatement of the above-mentioned Corporation, a check in the amount of \$150.00, and request a waiver of the reinstatement fee. I have in years past received the annual report notice and reminder letter, however this year I did received neither. While I recognize a responsibility to comply with mandated submittal date, I have come to rely on the notice provided by the State and hence neglected to note this requirement on my calendar.

Please consider this request for waiver and accept the enclosed materials in order to reinstate this Corporation to active status as soon as possible.

Thank you.



Nanci Tellam, President
Demco Properties
W-305-500-4635
H-305-361-2834