

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 10 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000046414

1. Corporation Name

DELCH, INC.

900005575629--1
-05/21/02--01003--022
***1050.00 ***1050.00

2. Principal Office Address

1200 NE Miami Gardens Dr

Suite, Apt. #, etc.

Apt. 815-West

City & State

N. Miami Beach FL

Zip

33179

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0678375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSEPH R. COLLETTI

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

3550 Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 610

City

Miami

State

FL

Zip Code

33137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date 5/2/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D-	Joseph Edelstein	1200 N.E. Miami Gardens Dr. Suite 815 W	N. Miami Beach, FL 33179
VP/D	Ernest Rosenberg	1200 N.E. Miami Gardens Dr Suite 820 W	N. Miami Beach, FL 33179
S/T	Ida Rosenberg	1200 N.E. Miami Gardens Dr. Suite 820 W	N. Miami Beach, FL 33179

10. 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:

Joseph Edelstein, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/2/02

Daytime Phone # (305) 945-8822

CR2E001 (9/01)