

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000054389

1. Corporation Name

Delray Mortgage and Finance, Inc.

2. Principal Office Address- No P.O. Box #

7860 Montecito Place

Suite, Apt. #, etc.

City & State

Del Ray, FL

Zip

33446

Country

USA

3. Mailing Office Address

3439 West Brainard Rd

Suite, Apt. #, etc.

#260

City & State

Woodmere OH

Zip

44122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

65-0681726

☐ 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

CT Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324



The reinstatement fee is imposed, except in circumstances
which the entity did not receive the prior notices. By
checking this box, you are certifying the prior notices
were not received and requesting the reinstatement fee be
waived.

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

Signature of
Registered Agent

Madonna Cuddihy

Madonna Cuddihy

Date

11/11/09

REGISTERED AGENT MUST SIGN Special Assistant Secretary

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
Pres	Randy S Kertesz	3439 Brainard Road	Woodmere, OH 44122
VP	Ronnie M Kertesz	3439 Brainard Road	Woodmere, OH 44122
Sec	Stacy Maxson	3439 Brainard Road	Woodmere, OH 44122

10. E-mail Address: rmkertesz@azmanagement.com

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. I further certify 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

Randy S Kertesz