PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT

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

98 JAN -8 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073737

1. Corporation Name

DELMAR 2623 CORPORATION

Principal Place of Business / Mailing Address

1641 N. E. 60th Street
Fort Lauderdale, FL 33308

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

2. New Principal Office Address, if Applicable: 1641 N. E. 60th Street
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33308 Country: USA

3. New Mailing Office Address, if Applicable: 1641 N. E. 60th Street
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33308 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/05/96

5. FEI Number: 65-0758095 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Robert K. Blake, Jr.	1641 N. E. 60th Street	Fort Lauderdale, FL 33308
			500002398615--6 -01/13/98--01081--002 ******8.75 ******8.75
			REINSTATEMENT 97-98
			a. alan Jan 8, 1998
			500002398615--6 -01/13/98--01081--001 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

Robert K. Blake, Jr.
1641 N. E. 60th Street
Fort Lauderdale, FL 33308

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: [signature] REGISTERED AGENT MUST SIGN — Date: 1/7/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] — 1/7/98 Date — 954-524-2333 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert K. Blake, Jr., Pres.

CR2E040 (12/96)