PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 AUG 31 PM 12: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000 78171

1. Corporation Name

Delaware Holdings, Inc.

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address	
8680 SW Highway 200		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida September 8, 1997

City & State	City & State
Ocala, FL	

5. FEI Number	Applied For
65-0787555	Not Applicable

Zip	Country	Zip	Country
34476	US		

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Christopher B. Zacco

500004573335--4
-09/06/01--01106--015
***1200.00   ***1200.00

Street Address (P.O. Box Number is Not Acceptable)
8680 SW Highway 200

Suite, Apt. #, Etc.

City	State	Zip Code
Ocala	FL	34476

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent _____ President _____   Date 8/4/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
D/P	Christopher B. Zacco	8680 SW Highway 200	Ocala, FL 34476
D/VP	Johnny Joseph Zacco	8680 SW Highway 200	Ocala, FL 34476
D/S/T	Mario Zacco	2011 SW 70 Avenue, Bay A-12	Davie, FL 33317
			LS

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: _____ President _____   8/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #