

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF REVENUE  
Catherine E. Barr  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000089295

1. Corporation Name

DELEON & ASSOCIATES CORP.

2. Principal Office Address

2950 NE 190 ST

Suite, Apt. #, etc.

212

City & State

AVENTURA FL

Zip

33180

Country

MIAMI-DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

1997

5. FEI Number

65-0787468

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

VICTORIA CACCIAMANI

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

2950 NE 190 ST #212

Suite, Apt. #, Etc.

#212

City

AVENTURA

State

FL

Zip Code

33180

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

VICTORIA CACCIAMANI

REGISTERED AGENT MUST SIGN

Date

01/30/00

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
Pres.	CARLOS DELEON	2950 NE 190st #212	AVENTURA FL, 33180
Vice-Pres	EMMA DELEON	2950 NE 190st #212	AVENTURA FL 33180

KE

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:

Victoria Cacciani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/00

Daytime Phone #

(786) 412-4357

CH2E081 (9/99)

# DELEON AND ASSOCIATES CORP.

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February 10, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: "Reinstatement of Corporation"  
Deleon and Associates Corp.  
65-0787468

To Whom It May Concern:

I would like to request the reinstatement of my company Deleon And Associates, Corp. The reason why I did not pay annual report fee was because I never received any forms. During 1998 I had to change addresses three times and I suspect you have send the corporation annual report to one of the old addresses. I noticed it because I have not yet received any annual report this year. Once again I did not filed with the state because of the missing form. I would like to request waiving of the \$600.00 reinstatement fee. For a small company like this an unexpected expense of \$600.00 represents a lot.

I would appreciate if you could assist me in this matter. If you need more information please contact me at (786) 412-4357

Sincerely,



Carlos Deleon  
President