

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P98000016558

1. Corporation Name

DELLEMONACHE CONSTRUCTION, INC.

Principal Place of Business

1527 E. CONCORD ST.  
ORLANDO FL 32803

Mailing Address

1527 E. CONCORD ST.  
ORLANDO FL 32803



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3500377

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
PD	DELLEMONACHE, ANTHONY R	2293 OSHKOSH CT.	ORLANDO FL 32808

8000003487398--6

-12/05/00--01047--007

\*\*\*\*150.00 \*\*\*\*150.00

MA 12/29

8. Name and Address of Current Registered Agent

DELLEMONACHE, ANTHONY R  
2923 OSHKOSH CT.  
ORLANDO FL 32808

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

Anthony Dellemonache  
REGISTERED AGENT MUST SIGN

Date

11/7/00

11. 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:

Anthony Dellemonache  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-207-3379

PG8000016558

(2)

to whom it may concern,

I never received my 2000 report, I left a message saying I need a report but never received it. I received a dissolution report instead. I do not want to dissolve the business. Could you please waive the fees and accept my check for \$150.00. It would be greatly appreciated.

Thank You  
Anthony Cella Moxack