

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

00 OCT 19 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030232

1. Corporation Name

DELMARKAI CORP.

Principal Place of Business

Mailing Address

1312 PALM DALE COURT
WEST PALM BEACH FL 33411

1312 PALM DALE COURT
WEST PALM BEACH FL 33411

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02/1998

5. FEI Number

58-2383119

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	CLOE, JACK L	1312 PALM DALE COURT	WEST PALM BEACH FL 33411
VSD	CLOE, PEGGY J	1312 PALM DALE COURT	WEST PALM BEACH FL 33411

000003438090--7

10/24/00 01092 024

****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-00

CR2E040 (800)

Box 6327
Tallahassee, Florida,
32314-6327

1312 palmdale Ct.
W. P. B., Fla., 33411
10-16-00

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Dear Stacy,

As per our conversation today.
I am enclosing a check in amount of
\$150.00 for the annual fee.

As I stated to you, I received no
notice until I received a letter
stating the Delmarkai Corp. was
disolved. Your prompt attention to
this matter will be most appreciated.

Sincerely,
John L. Lee President
Jenny Lee Vice President