

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 24 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083191

1. Corporation Name

DELINA, INC.

Principal Place of Business

10955 SW 15TH ST. APT 102  
PEMBROKE PINES FL 33025

Mailing Address

10955 SW 15TH ST. APT 102  
PEMBROKE PINES FL 33025



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

2. New Principal Office Address, If Applicable

1068 Pine Branch Dr  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1068 Pine Branch Dr  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1998

5. FEI Number

Applied For

☒ Not Applicable

City & State

Weston Florida

City & State

Weston Florida

Zip

Country

Zip

Country

33326

USA

6. CERTIFICATE OF STATUS DESIRED

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
D	KIKHUIZEN, CARMEN DEBORAH	10955 SW 15TH ST, APT 102	PEMBROKE PINES FL 33025
P	DIKHUIZEN, CARMEN DEBORAH	1068 PINE BRANCH DR	WESTON FL 33326
D	DIKHUIZEN, CORNELIS	461 Cameron Drive	WESTON FL 33326
			000003111880--S -01/26/00--01113--001 ****708.75--****708.75
			99-00 TS

8. Name and Address of Current Registered Agent

DIKHUIZEN, CARMEN DEBORAH  
10955 SW 15TH ST, APT 102  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

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

1068 Pine Branch Dr

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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 1-18-2000

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  
CORNELIS DIKHUIZEN

1-18-2000 (305) 321-7412  
Date Daytime Phone #