

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000004264**
1. Corporation Name
REDEL LEASING + INVESTMENTS, INC.

Principal Place of Business Mailing Address **SAME**
2430 SOUTH NOVA RD.
SOUTH DAYTONA, FL. 32119

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12-15-98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3550080	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	EDWARD J. DELAHANTY	84 CUNNINGHAM DR. NEW SMYRNA BEACH, FL 32168	
V.P.	JOSEPH S. McALLISTER	707 FLAGLER AVE	EDGEWATER, FL. 32132
SECTREAS	MARIE A. DELAHANTY	84 CUNNINGHAM DR.	NEW SMYRNA BEACH, FL. 32168
DIRECTOR	JAMES R. NASON	2439 WEATHERFORD DR	DAYTONA, FL. 32725
			800003031258--3 -11/01/99--01120--019 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

EDWARD J. DELAHANTY
2430 SOUTH NOVA RD.
SOUTH DAYTONA, FL. 32119

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 **Edward J. Delahanty**
REGISTERED AGENT MUST SIGN

Date **10-20-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: **EDWARD J. DELAHANTY, PRESIDENT**
Edward J. Delahanty, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-20-99**

Daytime Phone # **904-760-5657**

KE

CR2001 (12/98)