

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000029398

1. Corporation Name

DEL AMERICAN, INC.

2. Principal Office Address - No P.O. Box #

1801 GRANDE ISLE CIRCLE

Suite, Apt. #, etc.

133B

City & State

ORLANDO, FL

Zip

32810

Country

US

3. Mailing Office Address

1801 GRANDE ISLE CIRCLE

Suite, Apt. #, etc.

133B

City & State

ORLANDO, FL

Zip

32810

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1999

5. FEI Number

593572063

☐ 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

MURAI WALD BIONDO & MORENO, P.A.

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

1200 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code -

33145

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

Date **2.2.2011**

REGISTERED AGENT MUST SIGN

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
P/D	CHRISTOPHER DELGUIDICE	1801 GRAND ISLE CIRCLE 133B	ORLANDO, FL 32810

REINSTATEMENT

2010 - 11

S. HAWKES

JAN 18 2011

EXAMINER

10. E-mail Address: **CHRIS@DELAMERICAN.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

CHRISTOPHER DELGUIDICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-11 310 550 1175