

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000043646**

1. Corporation Name

DELMON CAPITAL INVESTMENTS II, INC.

Principal Place of Business

Mailing Address

**2825 UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS FL 33065**

**2825 UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS FL 33065**

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1999 SP

5. FEI Number

65-0935463

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DELFINO, RICARDO	2825 UNIVERSITY DRIVE SUITE 300	CORAL SPRINGS FL 33065

000003522298-0
-01/03/01--01063--009
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

WAYNE, GEOFFREY M
1001 BRICKELL BAY DRIVE
SUITE 2702
MIAMI FL 33131-4940

9. Name and Address of New Registered Agent

Name

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

1201 Brickell Avenue

Suite, Apt. #, Etc.

Suite 220

City

Miami

State
FL

Zip Code

33131-3207

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 **NOVEMBER 2, 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOVEMBER 2, 2000

Date

Daytime Phone #

(305) 381-8108