

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

02-03

FILED

03 FEB 14 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S08515

1. Corporation Name

DAYLIGHT PROPERTIES, INC.

Principal Place of Business

P.O. BOX 1527  
ORMOND BEACH FL 32175-1527

Mailing Address

P.O. BOX 1527  
ORMOND BEACH FL 32175-1527



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

2. New Principal Office Address, If Applicable

245 18th ST

Suite, Apt. #, etc.

Apt. 1003

City & State  
Miami Beach, FL

Zip  
33139

Country

3. New Mailing Office Address, If Applicable

110-45 Queens Blvd

Suite, Apt. #, etc.

Apt. 801

City & State  
Forest Hills, NY

Zip  
11375

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1990

5. FEI Number

59-3032765

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
P	ARMARIO, LEON P	890 E 14TH STREET 110-45 Queens Blvd #801	BROOKLYN NY 11230 Forest Hills NY 11375
V	MARMARIO, MANUELA	110-45 QUEENS BLVD #801	FOREST HILLS NY 11375

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02/14/03--01062--003 \*\*308.75

8. Name and Address of Current Registered Agent

BUSTAMANTE, ALBERTO  
467 MAGNOLIA STREET  
ORMOND BEACH FL 32176

9. Name and Address of New Registered Agent

Name

ANA MUNOZ

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

2796 44 ST. S.W.

Suite, Apt. #, Etc.

City

Naples

State  
FL

Zip Code

34116-7930

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. or 617.0505, F.S.

Signature of  
Registered Agent

X SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/6/03

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  
LEON P. ARMARIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

Daytime Phone #

CR2040 (8/02)

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: DAYLIGHT PROPERTIES, INC.

Document Number: S08515

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
4th day of October, 2002.



A handwritten signature in black ink, appearing to read "Jim Smith".

Jim Smith  
Secretary of State