

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S75710

1. Corporation Name
DELI INN, INC.

2. Principal Office Address
1494 S. MILITARY TRAIL

3. Mailing Office Address
1494 S. MILITARY TRAIL

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

Zip Country
33415-9176 USA

4. Date Incorporated or Qualified To Do Business in Florida
08/26/1991

5. FEI Number
65-0280911

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 95-03

7. Name and Address of Current Registered Agent

Name
JOHN HUEBLER

Street Address (P.O. Box Number is Not Acceptable)
135 COUNTRY CLUB DRIVE

Suite, Apt. #, Etc.

City
TEQUESTA

State
FL

Zip Code
33469

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.

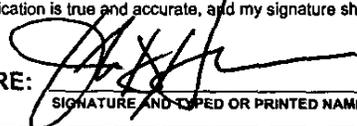
Signature of Registered Agent _____ Date **09/15/2003**

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
D	JOHN HUEBLER	135 COUNTRY CLUB DRIVE	TEQUESTA, FL 33469

10. 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:  **JOHN HUEBLER** Date **09/15/2003** Daytime Phone # **(561) 746-7438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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