

PLEASE READ ALL INSTRUCTIONS BEFORE C

APPLICATION FOR REINSTATEMENT



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

FILED
 Nov 15 1999 8:00 am
 Secretary of State

DOCUMENT # **N97000003045**

1. Corporation Name
THE DELTA CULTURAL, EDUCATIONAL, AND SERVICE FOUNDATION, INC.

Principal Place of Business P O BOX 1402 DELRAY BEACH FL 33444	Mailing Address P O BOX 1402 DELRAY BEACH FL 33444
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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	4. Date Incorporated or Qualified To Do Business in Florida 05/27/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 31-1561734
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	HARRIS, KATHY E Jane P. Jackson	6385 COUNTRY FAIR CIR 436 N.W. 5th Ave.	BOYNTON BEACH FL 33437 Boynton Bch, FL 33435
VPD	DURDEN, BRENDA	702 CHATELAINE E BLVD	DELRAY BCH FL 33445
TD	ASBURY, JUDITH	6209 JAIPUR CT	BOYNTON BCH FL 33437
SD	SMITH, HENRIETTA	1202 NW 2ND STREET	DELRAY BCH FL 33444
			300003071713--3 -12/15/99--01096--001 ***236.25 ***236.25

8. Name and Address of Current Registered Agent HARRIS, KATHY E 6385 COUNTRY FAIR CIR BOYNTON BEACH FL 33437	9. Name and Address of New Registered Agent Name: Jane P. Jackson Street Address (P.O. Box Number is Not Acceptable): 436 N.W. 5th Ave. Suite, Apt. #, Etc.: City: Boynton Bch State: FL Zip Code: 33435
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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: Jane P. Jackson Date: 11-12-99
 REGISTERED AGENT MUST SIGN

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: Jane P. Jackson Jane P. Jackson Date: 11-12-99 Daytime Phone #: 561-7882868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZED40 (8/99)