

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 11 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75563**

1. Corporation Name
DELTA MANAGEMENT & CONSTRUCTION, INC.

REINSTATEMENT 09-10
400171883564
03/11/10--01026--010 **308.75

2. Principal Office Address - No P.O. Box #
3208 SHARER ROAD

3. Mailing Office Address
3208 SHARER ROAD

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

Zip Country
32312 USA

Zip Country
32312 USA

4. Date Incorporated or Qualified To Do Business in Florida
08/23/1991

5. FEI Number
59-3083359

Applied For
 Not Applicable

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

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name
JOHN L. BELL

Street Address (P.O. Box Number is Not Acceptable)
3208 SHARER ROAD

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32312

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
John L. Bell

Date **03/11/2010**

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	CORRY R. WILHOIT	253 HAYDEN RD. UNIT 141	TALLAHASSEE, FL 32304
VP	JOHN L. BELL	3208 SHARER RD.	TALLAHASSEE, FL 32312
SECY/TR.	ARTHUR M. LONDONO	360 PONDOROSA PINES RD.	PORT ST. JOE, FL 32456

03/11

10. E-mail Address: **JBELL3208@AOL.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., 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.

SIGNATURE: *John L. Bell* **JOHN L. BELL**

Date **03/11/2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #