

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

98 DEC 11 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 479205**

1. Corporation Name

**DELTA KNITWEAR, INC.**

Principal Place of Business

4600 NW 128TH ST ROAD  
MIAMI FL 33054  
US

Mailing Address

4600 NW 128TH ST. ROAD  
MIAMI FL 33054  
US



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

**REINSTATEMENT** *98*

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1975

5. FEI Number

59-1609813

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD .	BURSTYN, GEORGE	4600 NW 128TH ST ROAD	MIAMI FL
S	BURSTYN, RUTH	4600 NW 128TH ST ROAD	MIAMI FL
CEO	TAMIR, OFER	4600 NW 128TH ST. ROAD	MIAMI FL
SD	SLIVERS, STEVE	4600 NW 128TH STREET RD	MIAMI FL
D	SILVERS, KAREN	4600 NW 128TH ST RD	MIAMI FL
200002716452--2 -12/18/98--01030--001 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

BURTSYN, GEORGE  
4600 NW 128TH ST. ROAD  
MIAMI FL 33054

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 12-4-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

GEORGE BURSTYN

12-4-98

Date

(305) 688-6360

Daytime Phone #

CR2E040 (9/88)