

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 563989

Entity Name: REDELTA, INC.

FILED  
Oct 14, 2009  
Secretary of State

**Current Principal Place of Business:**

8201 PETERS ROAD  
1000  
FORT LAUDERDALE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8201 PETERS ROAD  
1000  
FORT LAUDERDALE, FL 33324

**New Mailing Address:**

FEI Number: 59-1836167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FARRA, MIGUEL G., ESQ.  
1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

SARRI, SILVIA OWNER  
372 NW 97TH AVENUE  
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SILVIA SARRI      10/14/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVIA, SARRI  
Address: 372 NW 97 AVE  
City-St-Zip: PLANTATION, FL 33324

Title: PD ( ) Delete  
Name: ANDERSON, WADE  
Address: 372 NW 97 AVE  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SILVIA SARRI      PD      10/14/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date