

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 12 AM 10:08

DOCUMENT #

A17018

1. Name of Limited Partnership

DELTA INVESTMENT V, LTD.

000002006040--6

-11/15/96--01065--019

***2340.25 ***2340.25

DO NOT WRITE IN THIS SPACE

4/14/95

2. Mailing Address
250 Crown Oak Centre Drive

3. Principal Office Address
250 Crown Oak Centre Drive

4. Date Formed or Registered
To Do Business in Florida 05/11/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-2468756

Not Applicable

City & State
Longwood, Florida

City & State
Longwood, Florida

6. CERTIFICATE OF STATUS DESIRED ☒

Zip
32750

Country
Seminole

Zip
32750

Country
Seminole

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record
\$44,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$62.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$138.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in
FLORIDA to date

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Mark T. Blake
921 Douglas Ave.
Altamonte Spring, FL 32714

Name
David Phillips

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

250 Crown Oak Centre Drive

Suite, Apt. #, etc.

City
Longwood,

FL Zip Code
32750

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

David Phillips, Reg. Agent

DATE 05/14/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

Givens, Charles J., Jr

250 Crown Oak Centre Drive

Longwood, FL 32750

L

PENALTY 1,000.00
AR 924.00
SVDP 416.25
CVS 6.75
2,349.00

000002006040--6

-11/15/96--01065--025-7

*****8.75

11/15/96

REINSTATEMENT 1995-1996

BK CVS

A.K

CR2009 (4/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Charles J. Givens Jr.

CHARLES J GIVENS JR

DATE 11/8/96

GP

Telephone Number

Typed or Printed Name of General Partner Signing Form