

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



**20839**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 13 AM 11:22

DOCUMENT #

1. Name of Limited Partnership

A20839

DELTA INVESTMENT XII, LTD

4/12/96

DO NOT WRITE IN THIS SPACE

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 09/25/1985

Suite, Apt #, etc

Suite, Apt #, etc

5. FEI Number  
59-2514283

Applied For  
Not Applicable

City & State  
Longwood, Florida

City & State  
Longwood, Florida

Zip  
32750

Country  
Seminole

Zip  
32750

Country  
Seminole

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

7. State or Country of Formation

8a. Capital Contributions as Shown  
on Record \$513,000.00

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 \$52.50 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

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

10. If changed, new registered agent/office

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 Nov 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

Unitary Financial Organizati

242 N. Westmonte Dr.

Altamonte Springs, FL

500002034635  
-12/20/96-01021-004  
\*\*\*2228.75 \*\*\*2228.75

PEVATY 500.00  
AR 875.00  
SUPP 277.50  
CUS 8.75  
OVERPAYMENT 567.50  
\$2,228.75

**REINSTATEMENT 1996**

BK

567.50 OVERPAYMENT

1997  
A.R.

CR2E039 (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 that 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 David Phillips V.P. OFO  
Typed or Printed Name of General Partner Signing Form David Phillips

DATE 05 Nov 96  
Telephone Number 407-332-7754



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 13, 1996

DANIEL LEGGETT  
CSC NETWORKS  
TALLAHASSEE, FL

SUBJECT: DELTA INVESTMENT XII, LTD.  
Ref. Number: A20839

We have received your document for DELTA INVESTMENT XII, LTD. and check(s) totaling \$2228.75. However, your check(s) and document are being returned for the following:

This partnership was revoked in 1996. It pays \$500.00 for 1996. It also pays \$576.25 for 1996, and \$576.25 for 1997. Add an \$8.75 CUS, and the TOTAL REQUIRED comes to \$1,661.25.

Please return with a check for the correct amount.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 796A00055815

DIVISION OF CORPORATIONS

96 DEC 15, PM 4:14

RECEIVED

*Please  
refund app.*

*DS*

**RESUBMIT**

Please give original  
submission date as file date.