

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 24 PM 4: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F03000004551**

1. Corporation Name

Delta Apparel, Inc.

2. Principal Office Address - No P.O. Box #

2750 Premiere Parkway

Suite, Apt. #, etc.

100

City & State

Duluth GA

Zip

30097

Country

USA

3. Mailing Office Address

322 South Main Street

Suite, Apt. #, etc.

City & State

Greenville SC

Zip

29601

Country

USA

000152402370  
04/24/09--01043--009 \*\*450.00  
**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida 09/11/2003

5. FEI Number  
582508794

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1220 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State Zip Code  
FL 33324

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
CEO	Robert W. Humphreys	322 South Main Street	Greenville, SC 29601
Secretary	Martha M. Watson	322 South Main Street	Greenville, SC 29601
CFO	Deborah H. Merrill	322 South Main Street	Greenville, SC 29601

10. 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 contained in Chapter 119, 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:

*Deborah H. Merrill*

Deborah H. Merrill

4/24/09 864-232-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/09