

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006176

1. Corporation Name

DELTA PLUS FINANCIAL SERVICES, INC.

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

202 1st Avenue Northwest

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33770

Country

3. Mailing Office Address

961 Jasmine Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

34683

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

5. FEI Number

363933340

☐ 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

LYONS, Gary

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

311 South Missouri Avenue

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

☐ 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

Date

3/11/10

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
P/D	STORY, Payton III	961 Jasmine Drive	Delray Beach, FL 34683

REINSTATEMENT

RH

10. E-mail Address: payton561@comcast.net

(To be used for future annual report notification)

11. 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, I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-17-10 561-212-5392

Date

Daytime Phone #