

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moatham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 403597

1. Corporation Name  
DELTA CONST. CONSULTANTS & DESIGN, INC.

W98-24708

Principal Place of Business

3201 LOIS CT.  
LAND O' LAKES FL 34639

Mailing Address

P.O. BOX 55  
LUTZ, FL 33548-0055  
~~PHYSICAL ADDRESS~~  
3201 LOIS CT.  
LAND O' LAKES, FL 34639

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

85-98

4. Date Incorporated or Qualified  
To Do Business in Florida

15 MAY 1984

5. FEI Number

BP 59-2423382

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/P/S Dir/Pres/Sec	JAMES W. LOCKWOOD	3201 LOIS CT	LAND O' LAKES, FL 34639

500002706265-7  
-12/08/98-D1057-022  
\*\*\*2087.50 \*\*\*2078.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES W. LOCKWOOD P.O. BOX 55 LUTZ, FL 33548-0055 3201 LOIS CT. LAND O' LAKES, FL 34639	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

James W. Lockwood  
REGISTERED AGENT MUST SIGN

Date 10-27-98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

James W. Lockwood

JAMES W. LOCKWOOD Dir/Pres/Sec 10-27-98

(813)996-6885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)