2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J69680

1. Entity Name
DELTA CONNECTION ACADEMY, INC.

FILED
04 OCT 21 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2700 FLIGHT LINE AVENUE SANFORD, FL 32773 US	2700 FLIGHT LINE AVENUE SANFORD, FL 32773 US

10122004 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2802660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS INC
1201 HAYS ST
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GREEN, GARY 4338 GLENDALE-MILFORD ROAD CINCINNATI, OH 45242	☐ Delete	T Warwar, Mona 1020 Delta Boulevard Atlanta, GA 30354	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS MCDONALD, BRIAN 77 COMAIR BLVD ERLANGER, KY 41018	☒ Delete	S Raines, Mary E. 1020 Delta Boulevard Atlanta GA 30354	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURRELL, SUSAN 2700 FLIGHT LINE AVENUE SANFORD, FL 32773	☐ Delete	D Sloan, Nanci O. 1020 Delta Boulevard Atlanta, GA 30354	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP MONTGOMERY, THOMAS W 2700 FLIGHT LINE AVE SANFORD, FL 32773	☐ Delete	V Montgomery, William T. 2700 Flight Line Avenue Sanford, FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOM O'BRIEN, JOHN 2700 FLIGHT LINE AVE SANFORD, FL 32773	☐ Delete	V O'Brien, John 2700 Flight Line Avenue Sanford, FL 32773	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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10/21/04--01054--022 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/14/2004 407 330 4172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #