

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 19 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M09231

**1. Corporation Name**

DELTA INTERBUSINESS CORP.  
2602 N.W. 72nd Avenue  
Miami, Florida 33122

**2. Principal Office Address**

2602 N.W. 72nd Avenue  
Miami, Florida 33122

Suite, Apt. #, etc.  
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City & State

Miami, Florida FL

Zip

33122

Country

DADE

**3. Mailing Office Address**

2602 N.W. 72nd Avenue  
Miami, Florida 33122

Suite, Apt. #, etc.  
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City & State

Miami, Florida

Zip

33122

Country

DADE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/21/84

**5. FEI Number**

59-2533205

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

SAMUEL RACHMAN

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

2602 N.W. 72nd Avenue

Suite, Apt. #, Etc.  
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City

Miami,

State

FL

Zip Code

33122

**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

SAMUEL RACHMAN, REGISTERED AGENT MUST SIGN

Date

6-15-2000

**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
PRES.	SAMUEL RACHMAN	2602 N.W. 72nd Avenue	Miami, Florida 33122
V.P.	BERTHA MUNIMIS RACHMAN	2602 N.W. 72nd Avenue	Miami, Florida 33122

REINSTATEMENT 99-00 TS

**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 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:**

SAMUEL RACHMAN, PRES.

Date

6-15-2000

Daytime Phone #

305-554-7229

CR2E081 (9/99)