

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M56442

1. Corporation Name

DELTA-GRAPHICS, INCORPORATED

Principal Place of Business

2224 NW 82 AVE  
MIAMI FL 33122  
US

Mailing Address

2224 NW 82 AVE  
MIAMI FL 33122  
US

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

2. New Principal Office Address, If Applicable

12330 SW 53rd ST.

Suite, Apt. #, etc.

712

City & State  
COOPER CITY, FL

Zip  
33330

Country  
BARBADOS

3. New Mailing Office Address, If Applicable

12330 SW 63 ST

Suite, Apt. #, etc.

712

City & State  
COOPER CITY, FL

Zip  
33330

Country  
BARBADOS

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1987

5. FEI Number

59-2832380

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | IVY, KATHLEEN                             | 13280 SW 42 ST   | DAVE FL 33330           |
| S             | BOTERO, WILLIAM                           | 13280 SW 42ST  | DAVE FL 33330           |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

4000009158564  
11/21/02--01039--024 \*\*750.00

8. Name and Address of Current Registered Agent

IVY, KATHLEEN  
13280 SW 42 ST  
DAVE FL 33330

9. Name and Address of New Registered Agent

|  |             |          |
|--|-------------|----------|
| Name   |             |          |
| Street Address (P.O. Box Number is Not Acceptable) |             |          |
| Suite, Apt. #, Etc.                                |             |          |
| City   | State<br>FL | Zip Code |

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-434-5554