

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M69202**

1. Corporation Name

DELTA ONE - GARDEN SYSTEMS, INC.

Principal Place of Business

% GEORGE L. MOXON
735 NE THIRD AVE.
FT. LAUDERDALE FL 33304

Mailing Address

% GEORGE L. MOXON
735 NE THIRD AVE
FT. LAUDERDALE FL 33304

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

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

1	2	3	4
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
P	MARKHAM, DENIS	735 NE THIRD AVE.	FT. LAUDERDALE FL
TRES	MARKHAM, CYNTHIA	735 NE THIRD AVE	FT. LAUDERDALE FL
SEC	MARKHAM, JUDITH V	735 NE THIRD AVENUE	FT. LAUDERDALE FL
D	LARSON, NORMA J.	2735 SOUTH SHORE DR. 4047 S. Shadylane Ct.	MILWAUKEE/WI/ Greenfield, WI
D	Larson, Roy H.	4047 S. Shadylane Ct.	Greenfield, WI 53228

8. Name and Address of Current Registered Agent

MOXON, GEORGE L.
735 NE THIRD AVE.
FT. LAUDERDALE FL 33304

REINSTATEMENT

Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002839848--7
-04/15/99--01045--003
****800.00 | ****800.00
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

George L. Moxon
REGISTERED AGENT MUST SIGN

Date: 3/24/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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 of 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)(b), 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:

Denis Markham President Denis MARKHAM 3/15/99 414-638-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type the Date)

FILED

99 APR - 7 (K) 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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****800.00 | ****800.00
02/16/1988

5. FEI Number

65-0026139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

002600 9/99