2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

	KEINSTA					
DOCUMENT # N9700000592 1. Entity Name DELTA HERITAGE FOLINDATION INC				Jes H.		
DELTA HERITAGE FOUNDATION, INC.				09 FEB 26	AM 11: 10	
Principal Place of Business 8355 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412 US Mailing Address PO BOX 2212 W PALM BEACH, FL 33		402 US		Y OF STATE SEE.FLORIDA	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt. #, etc.		02232009 REIN-NP	CR2E099 (1/07)	
City & State		City & State		4. FEI Number 65-0727124	Applied F Not Appl	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New	Registered Agent	
Name			Name			
TAYLOR, ELIZABETH 8355 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412		Street Address (P.O. Box Number is Not Acceptable)				
WESTIAL	EN BEAGN, TE 35412			,		
Λ			City	FL		
	named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in the State of	Florida. I am familiar with, and ac	ccept
tne obligat	ions of registered agent	laulas		1	h 72 09	
	() () 2 () () () ()			——————————————————————————————————————		
SIGNATURE.	Signature, lyped or printed name of registered agent a	no title if and icable (NOTE	Registered Agent signature reg	ulred when reinstating)	DATE	-
SIGNATURE .	Signature, typed of printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent signature req	ulred when reinstating)	DATE	-
	Signifure, typed of printed name of registered agent a	In accordan	Registered Agent signature requestions of the comments of the	b), F.S., the	Make check payable to lorida Department of State	
		, In accordan	ce with s. 607.193(2)(I	b), F.S., the	orida Department of State	
, FII	LE NOWIII FEE IS \$122.50	, In accordan	ce with s. 607.193(2)(I did not receive the price	b), F.S., the or notice.	orida Department of State CERS AND DIRECTORS IN 10	Addition
, FII	LE NOWIII FEE IS \$122.50 OFFICERS AND DIR	, In accordan corporation	ce with s. 607.193(2)(t) did not receive the prior the p	b), F.S., the or notice.	orida Department of State CERS AND DIRECTORS IN 10	Addition
10. IITLE NAME STREET ADDRESS	OFFICERS AND DIR PCD TAYLOR, ELIZABETH 8355 WOODSMUIR DRIVE	, In accordan corporation	ce with s. 607.193(2)(t) did not receive the prior to the	b), F.S., the or notice.	orida Department of State CERS AND DIRECTORS IN 10	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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!

NATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2009 561 802 203
Daying Phone #