

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO2000041546

1. Corporation Name

Delta Management Systems, Inc.

REINSTATEMENT 03

300024457543
11/05/03--01059--022 **150.00

2. Principal Office Address
6919 W. Broward Blvd.

3. Mailing Office Address
Same

Suite, Apt. #, etc.
284

Suite, Apt. #, etc.

City & State
Plantation, Florida

City & State

Zip Country
33317 U.S.A.

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/17/2002

5. FEI Number
04-3670188

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
Alexander A. Leon

Street Address (P.O. Box Number is Not Acceptable)
7421 S.W. 14 Street

Suite, Apt. #, Etc.

City State Zip Code
Plantation, FL 33317

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

Alexander A. Leon
REGISTERED AGENT MUST SIGN

Date 10-31-03

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 |
|--------|--------------------------------------|---|----------------------|
| P | Alexander A. Leon | 7421 S.W. 14 Street | Plantation, FL 33317 |
| | | | |
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| | | | |
| | | | |
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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:

Alexander A. Leon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-03
Date Daytime Phone #

954-326-3026

CR2E081 (10/02)

Delta Management Systems, Inc.

6919 W. Broward Blvd., # 284

Plantation, Florida 33317

954-326-3026

E-mail: deltamanagementsystems@yahoo.com

October 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Reinstatement of Delta Management Systems, Inc.
Document No.: P02000041546**

Dear Sir or Madam:

I recently discovered, by accessing my corporation's information on www.sunbiz.org, that my corporation had been administratively dissolved. As a result of that discovery, I called your department and was concerned since I was unaware of this. I was then informed that three (3) notices had been mailed, of which I received none.

Since I did not receive any notice to this effect, the reinstatement fee has been waived, and as per the instructions of your department, I am enclosing a check in the amount of \$150.00 in payment of the annual renewal dues for the corporation.

Thank you in advance for your attention and cooperation in this matter.

Respectfully submitted,



Alexander A. Leon
President