

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000058932**

1. Corporation Name

DELTRAN EUROPE B.V., INC.

Principal Place of Business

Mailing Address

4175 HIGHWAY 11
DELAND FL 32724

4175 HIGHWAY 11
DELAND FL 32724

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/2002

5. FEI Number

04-3687983

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MICHAEL L. PRELEC, Sr.	4175 Highway 11	DELAND, FL 32724
S	MELODEE A. CLARKE	684 STRATFORD DRIVE	DELAND, FL 32724

400027766864
01/29/04 01020 010 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRELEC, MICHAEL L
4175 HIGHWAY 11
DELAND FL 32724

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Michael L. Prelec

REGISTERED AGENT MUST SIGN

Date 12/32/2003

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:

MELODEE A. CLARKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELODEE A. CLARKE, SEC.

Date

386-736-7900

Daytime Phone #

FILED
04 JAN 29 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CR2E040 (7/03)