

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000089732

1. Corporation Name

Deltennium Group, Inc

2. Principal Office Address - No P.O. Box #

225 NE Mizner Blvd.

3. Mailing Office Address

225 NE Mizner Blvd.

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33432

Country

USA

Zip

33432

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/1/96

5. FEI Number

521977399

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
Gerald M. Czarnecki

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

225 NE Mizner Blvd.

Suite, Apt. #, Etc.

#300

City
Boca Raton

State
FL

Zip Code
33432

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gerald M. Czarnecki

REGISTERED AGENT MUST SIGN

Date 12/24/2007

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
President	Gerald M. Czarnecki	225 NE Mizner Blvd., #300	Boca Raton, FL 33432

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 contained in Chapter 119, 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:

Gerald M. Czarnecki

Gerald M. Czarnecki, President 12/24/2007

561-306-1492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #