Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000185797 3)))

H09000185797 3ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

DELTA GULF CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	~~$900.75~~

$ 308.75

Electronic Filing Menu Corporate Filing Menu Help

RH

FILED
09 AUG 20 AM 7:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03033

1. Corporation Name

DELTA GULF CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2529 E. 70th Street		P.O. Box 5429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste. 100			
City & State		City & State	
Shreveport, LA		Shreveport, LA	
Zip	Country	Zip	Country
71105	USA	71135-5429	

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 8/14/1984

5. FEI Number 72-0930712 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☑ 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 617.0505, F.S.

Signature of Registered Agent: [signature] Michael E. Jones, Assistant Secretary Date 8/20/09

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	William Leone	433 Regency Blvd.	Shreveport, LA 71106
V.P.	Mike Futch	12002 Da Vina Lane	Cypress, TX 77429
Sec'y.	Matthew Hyman	147 Palisade Lane	Shreveport, LA 71115
Dir.	William Leone	433 Regency Blvd.	Shreveport, LA 71106
	REINSTATEMENT RH		

10. I certify that I am an officer or director of 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: [signature] Matthew Hyman, Sec'y. 8/19/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #