

2005 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P04000012080

1. Entity Name
DELTA HOME SERVICES, INC.



05 OCT 11 AM 11:20

Principal Place of Business
**9313 NORTH ASHLEY
TAMPA, FL 33612**

Mailing Address
**9313 NORTH ASHLEY
TAMPA, FL 33612**

2. Principal Place of Business
2514 W FRIERSON AVE

3. Mailing Address
2514 W FRIERSON AVE

Suite, Apt. #, etc.
APT #7

City & State
TAMPA FL

Zip
33614

Country
US



REINSTATEMENT

00220088 FRANK F. 00220088 (6/04) **05**

Entity Number
20-0570643

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PEREZ, CRISTINO L
4003 SAND PALM COURT
TAMPA, FL 33624**

7. Name and Address of New Registered Agent
Name
EMILIO SANCHEZ
Street Address (P.O. Box Number is Not Acceptable)
2514 W. FRIERSON AVE
APT #7
City
TAMPA FL Zip Code
33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Emilio Sanchez (NOTE: Registered Agent signature required when reinstating) DATE: 10-03-05

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SANCHEZ, EMILIO 5510 N HIMES AVE #312 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPS 2514 W FRIERSON AVE, APT #7 TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS PEREZ, CRISTINO L 4003 SAND PALM CT TAMPA, FL 33624 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	500060490635 10/11/05--01045--021 **\$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V GUTIERREZ, MANUEL 9313 NORTH ASHLEY TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2514 W FRIERSON AVE, APT #7 TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V VEGA, PABLO 9313 NORTH ASHLEY TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2514 W FRIERSON AVE, APT #7 TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emilio Sanchez DATE: 10-03-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

B. Mitchell OCT 13 2005

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DELTA HOME SERVICES, INC.
2514 WEST FRIERSON AVENUE, APT #7
TAMPA, FLORIDA 33614-6865

September 23, 2005

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

Re: Annual Report D/N P04000012080

Gentlemen:

Enclosed please find the 2005 For Profit Corporation Uniform Business Report along with our check for \$150.00 made payable to the Florida Department of State covering the annual filing fees.

Please be aware that we changed our address twice, first to 5510 N. Himes Avenue, Tampa, Florida, and then to the address on the letterhead, and therefore we never received notice that the annual report was due May 1, 2005. We only found out by coincidence when our new accountant brought it to our attention.

We hereby request a waiver of the late fees.

Very truly yours,

Emilio Sanchez
Emilio Sanchez
President