1 of 2

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000100400  1. Entity Name DELPH ENTERPRISES, INC.						(F) (F) (F) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6						
T234 GOLDE CELEBRATIO	e of Business N CANNA LANE N, FL 34747 US	CELEBRATION, FL 347	234-GOLDEN CANNA LANE ELEBRATION, FL 34747			<b>₩</b>						
2. Principal P	Place of Business AQUILA LOOP	3. Mailing Address 1266 AQUILA LOOP			ρ							
Suite, Apt.	#, etc. EBRATIW	Suite, Apt. #, etc.						NE	GRÆ69	F(1)/05	777/	
City & State		City & State	i							plied For=	₩.VI	
Zip F	Country U.S. A  6. Name and Address of Current F	FL 34747	Coun	U. C.	Α	5. Certificate	of Status C		L È	8.75 Add ee Require		<u>e</u>
		Name	C O 1	7. Name and				<del>-</del>		$\dashv$		
COLLINS, 7824 W. S		<del></del>			SC (P.O. Box Number is Not Acceptable)							
ORLANDO	D, FL 32819		781	1824 W. SANDLAKE ROAD								
											Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept												t
SIGNATURE TERENCE J. COLLINS PD 11/03/06												
SIGNATURE.	Signature, typod or printed name of gistered openia			· · · · · · · · · · · · · · · · · · ·		ed when reinstating)			DATE	03/0	6	
FILE NOW!!! FEE IS \$150.00  After January 1, 2007, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S. corporation did not receive the prior notice								F.S., the notice.				
10.	OFFICERS AND D		11.		_	ADDITIONS	L /CHANGES	TO OFFICE	ERS AND I	DIRECTOR	S IN 11	_
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NAME		<u> </u>	NAMI	E						Change	Addition	<b>'</b>
STREET ADDRESS CITY-ST-ZIP				et address - St - Zip								
12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.												
SIGNAT	URE:	TERENCE			_L1N	r CD	11/03	3/06		566	1826	
	BIGNATURE AND TYPED OF PR	INTED HAME OF SIGNING OFFICER O	ROIRECT	OR			Date		Day	time Phone #		1

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## DELPH ENTERPRISES INC 1266 AQUILA LOOP CELEBRATION FL 34747 TEL/FAX 407 566 1826

10/20/06

FLORIDA DEPT OF STATE
Secretary of State
Sue M Cobb
DIVISION OF CORPORATIONS
PO Box 6327
Tallahassee, Florida 32314

**Dear Secretary of State** 

**Re Document #PO4000100400** 

Please find enclosed check for \$150 for the payment of our Filing Annual Report. May I apologize for its lateness as we did not receive any letters regarding this, as they were sent to our previous address at 1234 Golden Canna Lane Celebration.

In addition we have only been in this country for two years having moved from England and are not used to your system and therefore did not automatically know about the yearly filing procedure. I have enclosed for your attention a photocopy of postcard sent to the wrong address and would be grateful if you could change our address on file so that we will receive our reminder letter and therefore make prompt payments in future. Your help in this matter would be greatly appreciated.

Yours sincerely

Mr Terry Collins (President)