

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000013030

1. Corporation Name

Dalkeith Enterprises, Inc.

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

756 Beachland Blvd.

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

Zip

32963

Country

USA

3. Mailing Office Address

3760 Cloudland Drive NW

Suite, Apt. #, etc.

City & State

Atlanta, Georgia

Zip

30327

Country

USA

FILED
Feb 27, 2008 8:00 A.M.
Secretary of State

REINSTATEMENT 07-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida - Nov. 2005

5. FEI Number
20-2214747

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

Henderson, Steve L.

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

756 Beachland Blvd.

Suite, Apt. #, Etc.

City

Vero Beach,

State
FL

Zip Code

32963

☒ 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

REGISTERED AGENT MUST SIGN

Same agent of record

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
PT	Valerie P. Betz	3760 Cloudland Drive NW	Atlanta, Georgia 30327
S	Raymond Humphrey	3760 Cloudland Drive, NW	Atlanta, Georgia 30327

200118924012
02/27/08--01023--006 **\$300.00

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:

Valerie P. Betz
Valerie Betz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2008 404-233-3323

Date

Daytime Phone #

jc 3/3