PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION ' **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000061099

1. Corporation Name

DELTA QUEEN OF MISSISSIPPI, INC.

Principal Place of Business

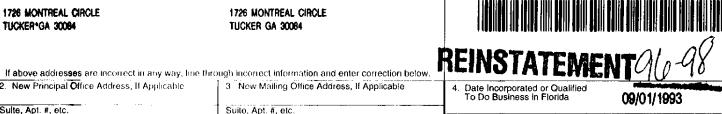
Mailing Address

TUCKER\*GA 30084

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. New Principal Office Address, If Applicable 3 New Ma			iling Office Address, If Applicable		<ol> <li>Date Incorp To Do Busi</li> </ol>	Date Incorporated or Qualified     To Do Business in Florida     09/01/1993		
Sulte, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc. City & State			5. FEI Number 59-3258367 Applied For Not Applicable		
City & Stat	0	City & State						
Zip	Country	Zip	Cou	intry	6. CERTIFICAT		.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer as	nd/or Director (Flo	rida nonprofit corp	orations must list	at loast 3 directors)			
Title(s)	Title(s)  Name of Officers and/or Directors  2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
P	GONZALEZ, GERARDO R.	1734 BEACH AVE				ATLANTIC BEACH FL 32233		
VP	GUIMBELLOT, BOBBY E.	122 Allen Av			DESTIN FL 32541 PANAMA CITY	FL 32401		
\$	DUBARD, MARY R.		3005 SUPERIOR DR SE			DACULA GA 30211		
					1.0	0002560 -06/16/98 ***1050.00	17812 -01063019 ) ***1050.00	
	8. Name and Address of Curre	nt Realstered Age	ent		9. Name and	Address of New Registered	Agent	
UTLE	Y, HON. LEE			Name	e Utley			
4738	OCEAN STREET			Street Addre	ss (P.O. Box Number	is Not Acceptable)		

Ocean street

		State FL	Zip Code 3223
~~	- 0	 	

10. I, being appointed the registered agent of the above na ed corporation, am familiar with

Signature of Registered Agent

HE GISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes No (See other side for information on intangible tax.)

12. 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 direction 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 inclinates of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: X

TOPINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #