

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State,  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 DEC 31 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035933**

1 Corporation Name

**DELTA LIMITED CORPORATION**

Principal Place of Business

Mailing Address

215 NORTH FEDERAL HIGHWAY, SUITE ONE  
BOCA RATON FL 33432

215 NORTH FEDERAL HIGHWAY, SUITE ONE  
BOCA RATON FL 33432



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/1995	
City & State		City & State		5. FEI Number	
Zip		Country		6.5-0615870	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BATMASIAN, JAMES H	215 NORTH FEDERAL HIGHWAY, SUITE	BOCA RATON FL 33432

500002046275--5  
-01/06/97--01004--021  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT 1996  
A. Allen

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATMASIAN, JAMES H  
215 NORTH FEDERAL HIGHWAY, SUITE ONE  
BOCA RATON FL 33432

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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 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 under section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #