

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 11 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000035933**

1. Corporation Name

DELTA LIMITED CORPORATION

1999-2005

2. Principal Office Address

215 N FEDERAL HWY

Suite, Apt. #, etc.

SUITE ONE

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

215 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE ONE

City & State

BOCA RATON, FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/1995

5. FEI Number

650615870

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 **JAMES H. BATMASIAN**

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

215 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE ONE

City

BOCA RATON

State

FL

Zip Code

33432

600048203578
03/11/05--01013--010 **185.00

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

Date

March 10, 2005

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
DP	JAMES H. BATMASIAN	215 N. FEDERAL HWY SUITE ONE	BOCA RATON, FL 33432
TD	JAMES H. BATMASIAN	215 N. FEDERAL HWY SUITE ONE	BOCA RATON, FL 33432
SD	JAMES H. BATMASIAN	215 N. FEDERAL HWY SUITE ONE	BOCA RATON, FL 33432

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 10, 2005 **561392-8920**

Date

Daytime Phone #

CR2E081 (01/05)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Delta Limited Corporation

please
file
1st
C-1

RECEIVED
05 MAR 11 AM 11:38
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____