

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICATION  
FOR  
REINSTATEMENT



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

1996 NOV -8 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000064699**

1. Corporation Name

**DELTA FINANCE CORPORATION OF THE TREASURE COAST, INC.**

Principal Place of Business

Mailing Address

~~W. EDWARD W. BECHT~~  
~~321 S. SECOND STREET~~  
~~FORT PIERCE FL 34980~~

~~W. EDWARD W. BECHT~~  
~~321 S. SECOND STREET~~  
~~FORT PIERCE FL 34980~~

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



800002006578--7  
-11/18/96--01004--005  
\*\*\*375.00 \*\*\*375.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/15/1995

Suite, Apt. #, etc.

**408 FARMERS MARKET RD**

Suite, Apt. #, etc.

**408 FARMERS MARKET RD**

City & State

**FORT PIERCE FL**

City & State

**FORT PIERCE FL**

Zip

**34982**

Country

**ST. LUCIE**

Zip

**34982**

Country

**ST. LUCIE**

5. FEI Number

**65-0649452**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<del>D</del>	<del>BECHT, EDWARD W.</del>	<del>321 S. SECOND STREET</del>	<del>FORT PIERCE FL 34980</del>
P	MIRANDA, DON J.	717 NE EASTLAKE ST	PORT ST. LUCIE, FL 34983
V	FUNGONE, MARY ANN	1124 SE PROCTOR LN	PORT ST LUCIE, FL 34983
S/T	MIRANDA, MICHAEL	1130 SE PROCTOR LN	PORT St. LUCIE, FL 34983

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BECHT, EDWARD  
321 S. SECOND STREET  
FORT PIERCE FL 34980

Name  
**DON J. MIRANDA**  
Street Address (P.O. Box Number is Not Acceptable)  
**717 NE EASTLAKE ST.**  
Suite, Apt. #, Etc.

City  
**PORT ST. LUCIE**

State  
**FL**

Zip Code  
**34983**

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

**10/29/96**

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)(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:

**DON J. MIRANDA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/29/96**  
Date

**(561) 464-9408**  
Daytime Phone #