


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS		<b>FILED</b> <b>01 MAR -1 PM 1:42</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>PA16000015020</u>					
<b>1. Corporation Name</b> Delta Acquisition Corp.					
<b>2. Principal Office Address</b> 3904 Adamo Drive		<b>3. Mailing Office Address</b> 3904 Adamo Drive		<b>REINSTATEMENT</b> <u>09-01</u> <b>4. Date Incorporated or Qualified</b> To Do Business in Florida <u>Feb. 14, 1996</u> <b>SP</b> <b>5. FEI Number</b> 593433650 <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b> <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL			
<b>Zip</b> 33605	<b>Country</b> U.S.	<b>Zip</b> 33605	<b>Country</b> U.S.		

<b>Change To:</b> <u>7</u>		<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> CT Corporation System		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 South Pine Island Road	
<b>Suite, Apt. #, Etc.</b>		<b>City</b> Plantation	
<b>State</b> FL		<b>Zip Code</b> 33324	

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: JENNIFER F AULTMAN **REGISTERED AGENT MUST SIGN** 2/1/01 **ASSISTANT SECRETARY**

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
Director	<u>Mr. Michael Callahan Jr.</u>	<u>1825 Fellowship Road</u>	Tucker, GA 30085-1528
Director	Richard A. Whitcomb	1825 Fellowship Road	Tucker, GA 30085-1528
Director	Richard K. Mueller	1825 Fellowship Road	Tucker, GA 30085-1528

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] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/30/2001 776/939-1711 **Date** **Daytime Phone #**