

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 NOV 27 PH 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000041564

1. Corporation Name

ONE DELTA KILO, INC.

Principal Place of Business

Mailing Address

2068 COUNTRY CLUB DRIVE  
DAYTONA BEACH FL 32124  
US

2068 COUNTRY CLUB DR  
DAYTONA BEACH FL 32124  
US

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

2. New Principal Office Address, If Applicable

11422 SR 54

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1 South Aviation Drive

Suite, Apt. #, etc.

City & State

Odessa, Florida

City & State

North Wilkerson, NC

Zip

33556

Country

USA

Zip

28659-9313

Country

USA

REINSTATEMENT

2000

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1996

5. FEI Number

59-3449972

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip
1	2	3	4
D	ULRICH, D K	1925 CANADIAN COURT 11422 SR 54	DAYTONA BEACH FL 32124 ODESSA, FL 33556
S	HEMMER, MEGAN	1925 CANADIAN CT 11422 SR 54	DAYTONA BEACH FL ODESSA, FL 32556

900003511219--3  
-12/22/00--01020--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LITTLE, BRUCE H.  
1881 NE 26 STREET STE 40  
FT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

11/13/00

11. 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.; further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.040 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 119.01(1), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DK Ulrich

11-22-00

Date

336-696-2359

Daytime Phone #