

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 24 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000032110**

1. Corporation Name

Delta First Corporation

2. Principal Office Address

205 Marlborough St.

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip
34677

Country

Pinellas

3. Mailing Office Address

P.O. BOX 921

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

Pinellas

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3444809

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

William Brunelli

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

16431 Offenhour Rd.

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33554

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*****1058.75 ***1058.75**

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

William J. Brunelli

REGISTERED AGENT MUST SIGN

Date **2-3-00**

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
president	William Brunelli	16431 Offenhour Rd.	Odessa, Fl. 33554
vice president	Arnold Katz	4301 Place Le Manes	Lutz, Fl. 33549

LS

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:

William J. Brunelli
William J. Brunelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-00

Date

(813)

854-1344

Daytime Phone #

CR2E081 (9/99)