

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -8 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040663

1. Corporation Name

DELTA SALVORS & RECOVERY, INC.

2. Principal Office Address

1600 SOUTH DIXIE HWY

Suite, Apt. #, etc.

3RD FLOOR

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

3. Mailing Office Address

1600 SOUTH DIXIE HWY

Suite, Apt. #, etc.

3RD FLOOR

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0753608

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

BRIAN BISHOP

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

1600 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

3RD FLOOR

City

BOCA RATON,

State

FL

Zip Code

33432

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

Brian Bishop
REGISTERED AGENT MUST SIGN

Date

12/15/00

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	BRIAN BISHOP	2848 NE 32ND STREET	LIGHTHOUSE PT, FL 33064
President	PATRICIA BISHOP	2848 NE 32ND STREET	LIGHTHOUSE PT, FL 33064

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)(l), 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:

Patricia Bishop
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/00

Daytime Phone #

561-341-8080

CR2E081 (9/99)