

2013 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

13 OCT 30 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081089

1. Entity Name
DELTA WAY, INC.



Principal Place of Business
2107 DELTA WAY
TALLAHASSEE, FL 32303-4224

Mailing Address
2107 DELTA WAY
TALLAHASSEE, FL 32303-4224

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292013 REIN-P CR2E098 (12/11)

4. FEI Number
59-3473386

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, RAY E
2107 DELTA WAY
TALLAHASSEE, FL 32303-4224

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2014, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DIR
FOSTER, RAY E
2107 DELTA WAY
TALLAHASSEE, FL 323034224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DIR
FOSTER, BARBARA
2107 DELTA WAY
TALLAHASSEE, FL 323034224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DIR
GROVES, LYNN
2107 DELTA WAY
TALLAHASSEE, FL 323034224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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GROVES, IVOR D
2107 DELTA WAY
TALLAHASSEE, FL 323034224 ☐ Delete

TITLE
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CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

REINSTATEMENT

2013

OCT 30 2013

R. HUNT

800253357978

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10/30/13--01002--001 **750.00