PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 1999-2002

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

FILED
02 JUN 14 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028510

1. Corporation Name
DELTA DRIVERS SERVICE INC

05/13/99 90026 018 $150.00
05/16/00 90064 024 $150.00

2. Principal Office Address	3. Mailing Office Address
11455 S ORANGE BLOSSOM TR	11455 S ORANGE BLOSSOM TR
Suite, Apt. #, etc.: 15	Suite, Apt. #, etc.: 15
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32837 Country: USA	Zip: 32837 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/27/1998

5. FEI Number: 59-3500445 — 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: LUIS CAAMANO

900005977179--1
-06/25/02--01051--023
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 11455 S ORANGE BLOSSOM TRAIL

900005977179--1
-06/25/02--01051--024
****200.00 ****200.00

Suite, Apt. #, Etc.: 15

City: ORLANDO State: FL Zip Code: 32837

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: _____ Date: APRIL 12/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

900005977179--1
-06/25/02--01051--025
****150.00 ****150.00

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	LUIS CAAMANO	11455 S ORANGE BLOSSOM TR #15	ORLANDO, FL 32837

900005977179--1
-06/25/02--01051--026
****150.00 ****150.00

REINSTATEMENT 99-02

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: _____ LUIS CAAMANO APRIL 12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #