

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JAN 25 PM 4: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA8000084706

1. Corporation Name

DELTA RESORTS, INC

2. Principal Office Address

1501 GULF DRIVE NORTH

Suite, Apt. #, etc.

City & State

BRADENTON BEACH, FL

Zip

34217

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

99-2000

SP

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

5. FEI Number

65-0876266

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

JAMES R. VALENTE

100003118771-8

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

1501 GULF DRIVE NORTH

-02/01/00--01086--010

****900.00 ****900.00

Suite, Apt. #, Etc.

City

BRADENTON BEACH

State

FL

Zip Code

34217

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

[Signature]

Date 1-24-00

REGISTERED AGENT MUST SIGN

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
<u>PRES./TR.</u>	<u>JAMES R. VALENTE</u>	<u>1501 GULF DRIVE NORTH</u>	<u>BRADENTON BEACH, FL 34217</u>
<u>SEC.</u>	<u>GLORIA A. WEIR</u>	<u>1501 GULF DRIVE NORTH</u>	<u>BRADENTON BEACH, FL 34217</u>

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:

Gloria A. Weir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

941-778-6667

Daytime Phone #

CR2E081 (9/99)