

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB -7 PM 12:37

DOCUMENT # P99000008532

1. Corporation Name

DELTA CONTESTATIONS, INC.

2. Principal Office Address

7805 CORAL WAY, SUITE 103

3. Mailing Office Address

7805 CORAL WAY SUITE 103

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

MIAMI, FL 33155

City & State

MIAMI, FL

Zip

33155-6539

Country

USA

Zip

33155-6539

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For  
Not Applicable  
*Applied for one*

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

FERNANDO VALDERRAMA

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

7805 CORAL WAY

Suite, Apt. #, Etc.

SUITE 103

City

MIAMI

State

FL

Zip Code

33155-6539

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

*Fernando Valderrama*

REGISTERED AGENT MUST SIGN

Date 2/4/02

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
DP	FERNANDO VALDERRAMA	7805 CORAL WAY SUITE 103	MIAMI, FL 33155-6539

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:

*Fernando Valderrama*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

Daytime Phone #

CR2E081 (9/01)