PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -3 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111332

1. Corporation Name

Delta V, Inc.

REINSTATEMENT 00-03

2. Principal Office Address		**3.** Mailing Office Address	
5690 Banyan Drive		3225 Aviation Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 500	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33156	Country USA	Zip 33133	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/29/99

5. FEI Number 65-0981605 ☐ 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: Michael A. Rubin P.A.

600025173106
12/03/03--01005--009 **8.75

Street Address (P.O. Box Number is Not Acceptable): 420 S. Dixie Hwy.

Suite, Apt. #, Etc.: Suite 4B

City: Miami | State: FL | Zip Code: 33146

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 10/22/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PD	Jeffrey Augenstein	5690 Banyan Drive	Miami, Florida 33156
STD	Deborah Augenstein	5690 Banyan Drive	Miami, Florida 33156

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: _____ 10/26/2003 3056678897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #