

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59982**

1. Corporation Name

DELTA TRADING & MARKETING COMPANY

Principal Place of Business

**2665 S BAYSHORE DR
SUITE 900
MIAMI FL 33133
US**

Mailing Address

**2665 S. BAYSHORE DRIVE, PH 2-A
SUITE 900
MIAMI FL 33133
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2665 South Bayshore Dr.

3. New Mailing Office Address, If Applicable

2665 South Bayshore Dr.

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1991

Suite, Apt. #, etc.

Suite 703

Suite, Apt. #, etc.

Suite 703

City & State

Miami, Florida 33133

City & State

Miami, Florida

Zip

33133

Country

USA

Zip

33133

Country

USA

5. FEI Number

65-0268035

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RICHARDS, TIMOTHY D.	2665 SOUTH BAYSHORE DRIVE, SUITE 703	MIAMI FL 33133

700002439367--2

-02/24/98--01070--005

****908.75 ****908.75

(Signature) 2/20/98

8. Name and Address of Current Registered Agent

**RICHARDS, TIMOTHY D
2665 S BAYSHORE DR
SUITE 703
MIAMI FL 33133**

9. Name and Address of New Registered Agent

Name

Richards, Timothy D.

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

2665 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 703

City

Miami

State

FL

Zip Code

33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

(Signature of Timothy D. Richards)
REGISTERED AGENT MUST SIGN

Date **12/10/97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

(Signature of Timothy D. Richards)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richards

Date

12/10/97

Daytime Phone

(305)

858-9900

CR2040 (8/97)