

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# S91612

**Entity Name:** DELTAPLUS, INC.

**FILED**  
**Oct 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3665 D RD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

3665 D RD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 65-0297083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILLIAMS, DONALD D CEO  
3665 D RD  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DONALD D. WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** WILLIAMS, DONALD D CEO  
**Address:** 3665 D RD  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DONALD D. WILLIAMS

CEO

10/05/2011

Electronic Signature of Signing Officer or Director

Date