
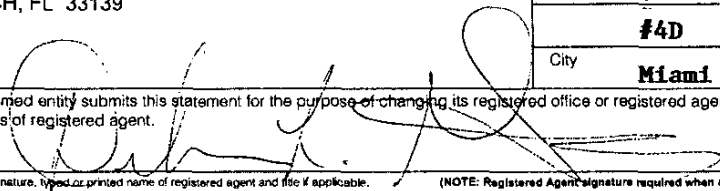
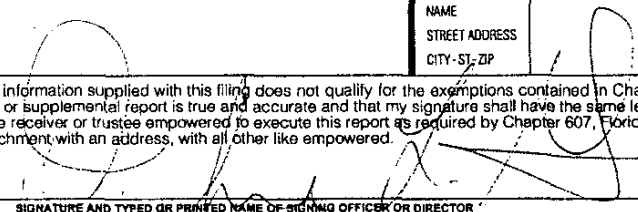


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 JAN 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143603 1. Entity Name D.L.R. MANAGEMENT, INC.					
Principal Place of Business 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139		Mailing Address 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139			
2. Principal Place of Business 545 Madison Ave., 17th Fl. Suite, Apt. #, etc.		3. Mailing Address 545 Madison Ave., 17th Fl. Suite, Apt. #, etc.			
City & State New York, NY		City & State New York, NY		4. FEI Number 65-1120132	
Zip 10022		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
Zip 10022		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIORDANO, DEBRA L MS 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Debra Giordano Street Address (P.O. Box Number is Not Acceptable) 16 Island Avenue #4D City Miami Beach FL Zip Code 33139	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 01/26/06	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, DEBRA L 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Giordano, Debra L. 160 West 66th St., 49C New York, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIORDANO, DEBRA L 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Giordano, Debra 160 West 66th St., 49C New York, NY 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	200065585042 02/10/06--01072--009 **900.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P 2/3/06 REINSTATEMENT			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					