

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 24 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000013307

1. Limited Liability Company's Name

DELMOS TOWNHOMES, LLC

2. Principal Office Address

1130 E. Donegan Avenue

Suite, Apt. #, etc.
#4

City & State

Kissimmee, FL

Zip

34744

Country

USA

3. Mailing Office Address

1130 E. Donegan Avenue

Suite, Apt. #, etc.
#4

City & State

Kissimmee, FL

Zip

34744

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

10/31/00

6. FEI Number

02-0699225

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

G&L Agent Services, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State

FL

Zip Code

32801

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Robert M. Smith, President
REGISTERED AGENT MUST SIGN

Date 7.21.03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	Miguel Kaled	1130 E. Donegan Avenue, #4	Kissimmee, FL 34744

REINSTATEMENT 02-03

AL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Miguel Kaled, manager

Date

7/21/03

Daytime Phone #

407-4679446

Typed or printed name of signing Managing Member/Manager

MIGUEL KALED, manager.

CR2004 (10/02)

GRONEK & LATHAM, LLP FILED

ATTORNEYS AT LAW

03 JUL 24 PM 2: 28

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July 22, 2003

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Delmos Townhomes, LLC

Sir/Madam:

Enclosed please find a check in the amount of \$205.00 to cover the cost for reinstatement of the above-referenced Limited Liability Company. Please send the Certificate of Status to the undersigned in the enclosed self-addressed, stamped envelope.

Please feel free to call if you have any questions.

Sincerely yours,



Gregory W. Meier

GWM/clm
Enclosures