

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L0100014977

FILED

1. DOCUMENT # L0100014977

Name and Mailing Address

03 JAN 24 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DELBAR, L.L.C.
1741 HIGHWAY 17 NORTH
WAUCHULA FL



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1741 HIGHWAY 17 NORTH WAUCHULA FL		5. Date Organized or Qualified To Do Business in Florida 08/31/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1148662	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent DELATORRE, JUAN 1741 HWY 17 NORTH WAUCHULA FL		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DELATORRE, JUAN	218 SHORT STREET	WAUCHULA FL
MGR	BARAJAS, JESUS C	620 WEST FROSTPROOF RD	FROSTPROOF FL
		100009748801 12/31/02--01005--011 **150.00	
REINSTATEMENT		2002-03	
		100009748801 01/23/03--01072--001 **50.00	
		ALI	

12. 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

Date

13 Nov

Daytime Phone #

(863) 773-0016

Typed or printed name of signing Managing Member/Manager

Juan Delatorre

CR2EC34 (8/02)