

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011484

Name and Mailing Address

0005792 01 AT 0.292 **AUTO T3 0 0615 33129-201310



HOME DELIGHTS, LLC
110 S W 22ND ROAD
MIAMI FL 33129-2013

Handwritten signature



US

CR2E084 (7/03)

2. New Mailing Address <i>Same</i> City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 110 S W 22ND ROAD MIAMI FL 33129 US		5. Date Organized or Qualified To Do Business in Florida 05/10/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent GALVEZ, ALINA M 110 S W 22ND ROAD MIAMI FL 33129		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>Alina M Galvez</i> SIGNATURE REQUIRED Date <i>11-20-03</i> 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
MGRM	GALVEZ, OSCAR E	110 S W 22ND ROAD	MIAMI FL 33129
MGRM	GALVEZ, ALINA M	110 S W 22ND ROAD	MIAMI FL 33129
		<i>Handwritten:</i> 300024168543 10/27/03 01069 007 \$55 400025085624 11/26/03--01014--002 **100.00	
REINSTATEMENT 2003		<i>Handwritten:</i> <i>Handwritten signature</i>	

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 *Alina M Galvez* **SIGNATURE REQUIRED** Date *11-20-03* Daytime Phone # *305-858-4834*
Handwritten: 11-20-03 305-448-0018