

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Division of Corporations

**L02000025149**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07 AUG 17 PM 1:59  
**FILED**

DOCUMENT # L02000025149

1. Limited Liability Company's Name

DELREY GROUP, L.C.

04

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CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
2600 Douglas Rd.

3. Mailing Office Address  
2600 Douglas Rd.

Suite, Apt. #, etc.  
Suite 1100

Suite, Apt. #, etc.  
Suite 1100

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip Country  
33134 USA

Zip Country  
33134 USA

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 09/25/2002

6. FEI Number 550798973  
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  
JORGE L. GURIAN

Street Address (P.O. Box Number is Not Acceptable)  
2600 Douglas Rd.

Suite, Apt. #, Etc.  
Suite 1100

City State Zip Code  
Coral Gables FL 33134

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *[Signature]* Date 07/17/2007  
REGISTERED AGENT MUST SIGN

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
MGR	JOSE MARIA SALAZAR	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
MGR	ANGELA SALAZAR	2600 Douglas Rd. Suite 1100	Coral Gables, FL 33134
<b>REINSTATEMENT 2004-2007</b>			
			000108474160 08/22/07--01046--000 \$200.00

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 *Jose M. Salazar* Date 07/17/2007 Daytime Phone # (305) 279-4101

Typed or printed name of signing Managing Member/Manager JOSE MARIA SALAZAR

L02000025149

Jorge L. Gurian, P.A.

FILED  
AUG 17 PM 1:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 17, 2007

Division of Corporations  
State of Florida  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Re: DELREY GROUP, L.C. (L02000025149)

To Whom It May Concern:

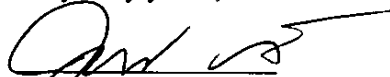
Enclosed please find the Reinstatement Report for DELREY GROUP, L.C. The annual Uniform Business Report had not been filed previously because the managing member had never received the renewal package during calendar year 2004, 2005 or 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2004, 2005, 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the limited liability company as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

BK

Very truly yours,

  
JORGE L. GURIAN

  
JOSE MARIA SALAZAR

Enclosure