

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 19 PM 2:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 202000029940

1. Limited Liability Company's Name

Delisle Properties, LLC

CR2E041 (8/05)

2. Principal Office Address

189. S. Orange Ave

Suite, Apt. #, etc.

1520 B

City & State

Orlando, FL

Zip

32801

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3575980

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

Steve Delisle A.

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

189. S. Orange Ave

Suite, Apt. #, Etc.

1520 B

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/8/08

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
CEO	Steve A. Delisle	189. S. Orange Ave 1520 B	Orlando, FL 32801

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REINSTATEMENT

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

[Signature]

Date 10/8/08

Daytime Phone # 404-412-9191

Typed or printed name of signing Managing Member/Manager