FROM :EMPIRE CORPORATE KIT CO FAX NO. :305 6338302 Feb. 14 2005 11:24AM P2

L03000009385

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 14 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L03000009385

1. Limited Liability Company's Name
Delano Court, LLC

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
2545 E. Sunrise Blvd	2545 E. Sunrise Blvd	Florida / USA
Suite, Apt. #, etc. 144	Suite, Apt. #, etc. 144	5. Date Organized or Qualified To Do Business in Florida 3/14/2003
City & State Ft. Lauderdale	City & State Ft. Lauderdale	6. FEI Number 04-3760085 Applied For / Not Applicable
Zip 33304 Country	Zip 33304 Country	7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Lynn Delano
400046928814
02/21/05--01027--005 **200.00
Street Address (P.O. Box Number is Not Acceptable): 2545 E. Sunrise Blvd.
Suite, Apt. #, Etc. 144
City: Ft. Lauderdale State: FL Zip Code: 33304

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: Lynn DeLano Date: 2/14/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Lynn A. Delano	2545 E. Sunrise #144	Ft Ldle, FL 33304

REINSTATEMENT 2004-2005

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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 corrected, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and complete, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: Lynn DeLano Date: 2/14/05 Daytime Phone #

Typed or printed name of signing Managing Member/Manager: Lynn Delano