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18 Nov 2005 1:41PM

A1A CORPORATE SERVICES

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 NOV 18 A 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000011637					
1. Limited Liability Company's Name DELISHE LLC					
2. Principal Office Address 1508 BAY RD. N1443			3. Mailing Office Address 1508 BAY RD. N1443		
Suite, Apt. #, etc. N. TOWER 1443			Suite, Apt. #, etc. N. TOWER 1443		
City & State MIAMI BEACH, FL			City & State MIAMI BEACH, FL		
Zip 33139	Country	Zip 33139	Country	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 04/01/2003	
				6. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
				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					
Name DAVID WHYKO					
Street Address (P.O. Box Number is Not Acceptable) 1508 BAY RD. N1443					
Suite, Apt. #, Etc. N. TOWER 1443					
City MIAMI BEACH, FL				State FL	Zip Code 33139
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 				Date 11-15-05	
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	DAVID WHYKO	1508 BAY RD. N1443		MIAMI BEACH, FL 33139	
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 				Date 11-15-05 Daytime Phone # 505-924-0114	
Typed or printed name of signing Managing Member DAVID WHYKO					

REINSTATEMENT 04-05
1/AL

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CFR2001 (10/02)

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H050002683663

DATE: Friday, November 18, 2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: DAVID WHYKO
DELISHE LLC

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL
in 2004 and 2005.

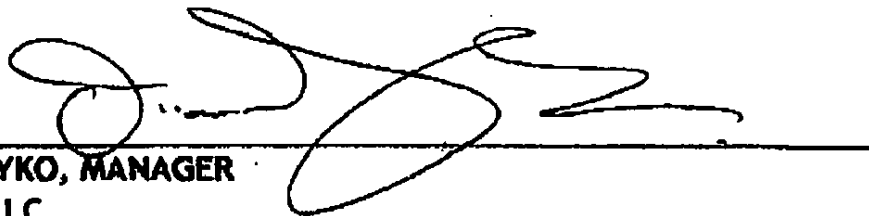
PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561-988-9522 x26

THANKS,

X

DAVID WHYKO, MANAGER
DELISHE LLC



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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

DELISHE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01 03
Estimated Charge	5200.00

\$100.00