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18 Nov 2005 1:41PM

AIA 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

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L03000011637

1. Limited Liability Company's Name

DELISHE LLC

2. Principal Office Address

1508 BAY RD. N1443

Suite, Apt. #, etc.

N. TOWER 1443

City & State

MIAMI BEACH, FL

Zip

33139

Country

3. Mailing Office Address

1508 BAY RD. N1443

Suite, Apt. #, etc.

N. TOWER 1443

City & State

MIAMI BEACH, FL

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

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

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

Titles	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

REINSTATEMENT 04-05

1/AL

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

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CFR2001 (10/02)

2063

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.

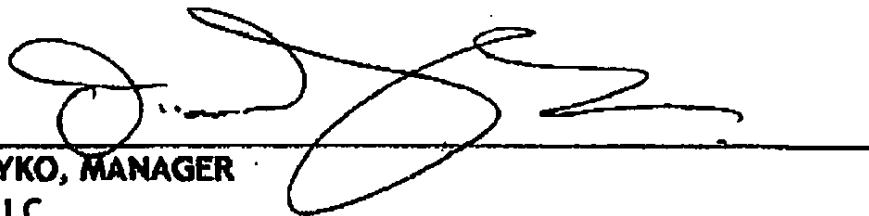
PLEASE FILE OUR ANNUAL REPORT AND DO NOT CHARGE THE PENALTY.

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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(((H05000268366 3)))

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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	<del>5200.00</del>

\$100.00