


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 12 AM 10:56

DOCUMENT # L04000068738 1. Entity Name D.L.T.M. ENTERPRISES, LLC					
Principal Place of Business 1472 N.E. 150TH STREET MIAMI, FL 33161-2641			Mailing Address 1472 N.E. 150TH STREET MIAMI, FL 33161-2641		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032006 REIN-LLC CR2E101 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANGRAND, MOREL 1472 N.E. 150TH STREET-- MIAMI, FL 33161-2641			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM FRERE, AUDIEU PETIT 1472 N.E. 150TH STREET MIAMI, FL 331612641		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> 200064625032 01/27/06--01006--001 **200.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM ANGRAND, MOREL 2255 N.W. 119TH STREET MIAMI, FL 331613063		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> REINSTATEMENT 05-06 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LOUIS, BENIRA 2402 W. LAKE IDA ROAD DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> REINSTATEMENT 05-06 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LUCAS, MARIE L 170 N.E. 17TH COURT BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> REINSTATEMENT 05-06 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LUCAS, MARIE L 170 N.E. 17TH COURT BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> REINSTATEMENT 05-06 </div>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM LUCAS, MARIE L 170 N.E. 17TH COURT BOYNTON BEACH, FL 33435		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<div style="text-align: center;"> REINSTATEMENT 05-06 </div>	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>ANGRAND MOREL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>01-03-06</u>		Daytime Phone #: <u>954-682-4111</u>