


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRET  
DIVISION  
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STATE  
NATIONS

<b>DOCUMENT # L04000090270</b>					
1. Entity Name DELCER HOLDINGS, LLC					
Principal Place of Business 4752 WINDSOR AVENUE ORLANDO, FL 32819 US			Mailing Address 4752 WINDSOR AVENUE ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address		10132005 REIN-LLC CR2E101 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARCHENA, MARCOS R-- 233 SOUTH SEMORAN BOULEVARD ORLANDO, FL 32807			Name <u>CARLOS DE LA UZ</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>4752 WINDSOR AVE.</u>		
			City <u>ORLANDO</u> FL Zip Code <u>32819</u>		
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 <u>CARLOS DE LA UZ</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>02/06/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE LA UZ, CARLOS M 4752 WINDSOR AVENUE ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800067310148 03/07/06--01021--019 ***205.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			REINSTATEMENT 05-06		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>CARLOS DE LA UZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>02/06/06</u> 407-253-1981 <small>Daytime Phone #</small>	