

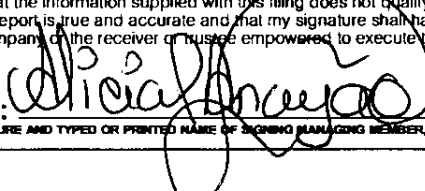


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000099982					
1. Entity Name DELTA BODY SOLUTION LLC					
Principal Place of Business 5379 N.W. 7 STREET MIAMI, FL 33126			Mailing Address 5379 N.W. 7 STREET MIAMI, FL 33126		
2. Principal Place of Business 4011 WEST FLAGLER ST Suite, Apt. #, etc. 504		3. Mailing Address Same			
City & State miami FL		City & State		09182006 REIN-LLC CR2E101 (11/05)	
Zip 33134		Country USA		4. FEI Number 56-442-0594	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ECHEVARRIA, RAUL 5379 N.W. 7 STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: ALCIA PATRICIA ANAYA Street Address (P.O. Box Number is Not Acceptable): 4011 WEST FLAGLER ST City: miami FL Zip Code: 33134		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$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 ECHEVARRIA, RAUL 5379 N.W. 7 STREET MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANAYA, ALCIA P 5379 N.W. 7 STREET MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change address only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4011 west flagler st suite 504 miami FL 33134	
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 300080027243 09/21/06--01010--013 **25.00	
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 200079565412 09/18/06--01006--004 **25.00	
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	
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: 			Date: 09/18/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED
 06 SEP 19 PM 2:49
 TALLAHASSEE, FLORIDA



REINSTATEMENT 2006