

- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700138254387
11/25/08--01010--005 **421.25

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0500006720

1. Limited Liability Company's Name

DELSAN RESOURCES, LLC

2. Principal Office Address - No P.O. Box #

242 3RD AVENUE NORTH

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

3. Mailing Office Address

242 3RD AVENUE NORTH

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34102

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

Nov. 2, 2005

6. FEI Number

59 3823568

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

SKRIVAN, KENT A ESQ

Street Address (P.O. Box Number is Not Acceptable)

801 LAUREL OAK DRIVE STE 801

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 11-20-08

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
MGRM	NANCY J DELISI	242 3RD AVENUE NORTH	NAPLES, FLORIDA, 34102

REINSTATEMENT

06-08

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 11/20/08

Daytime Phone # 239-262-2402

Typed or printed name of signing Managing Member/Manager NANCY J DELISI