

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO6000018999

1. Limited Liability Company's Name

Delin Group, LLC

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

4427 Bethlehem Rd

Suite, Apt. #, etc.

City & State

Dover, FL

Zip

33527

Country

USA

3. Mailing Office Address

4427 Bethlehem Rd

Suite, Apt. #, etc.

City & State

Dover, FL

Zip

33527

Country

USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 11 PM 4:54

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05/06/10--01041--002 \*\*516.25

CR2E041 (11/09)

4. State/Country of Formation

FL / Hillsborough

5. Date Organized or Qualified  
To Do Business in Florida

2.21.06

6. FEI Number

204362573

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

Tracey Delin

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

4427 Bethlehem Rd

Suite, Apt. #, Etc

City

Dover

State

FL

Zip Code

33527

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5.3.10

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
m6em	Tracey Delin	4427 Bethlehem Rd	Dover, FL 33527
m6em	Christopher Delin	4427 Bethlehem Rd	Dover, FL 33527

REINSTATEMENT 2008-2010

11. E-mail Address: KIWSABS@yahoo.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date 5.3.10

Daytime Phone #

813-506-2852

Typed or printed name of signing Managing Member/Manager