NOV-20-2009 13:04 FROM: TO:850 617 6381 P.4/4

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 NOV 20 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CR2E041 (11/09)

DOCUMENT # L06000032659

1. Limited Liability Company's Name
DELMAR Homes II, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
406 SW 1 ST	P.O. Box 344025
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Florida CITY, F	City & State: Homestead, FL
Zip: 33034 Country: USA	Zip: 33034 Country: USA

4. State/Country of Formation: FLORIDA, USA
5. Date Organized or Qualified To Do Business in Florida: 3/29/06
6. FEI Number: 20-4588110 ☐ 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: Tomas Mesa
Street Address (P.O. Box Number is Not Acceptable): 406 SW 1 ST
Suite, Apt. #, Etc.
City: Florida City State: FL Zip Code: 33034

☒ 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] Date: 11/13/09
REGISTERED AGENT MUST SIGN

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
MGR	Tomas Mesa	406 SW 1 ST	Florida CITY, FL 33034

REINSTATEMENT 08-09

JC 11-23-09

11. E-mail Address: mesaconsulting 77 @ AOL.
(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: 11/13/09 Daytime Phone #: (786) 2432527

Typed or printed name of signing Managing Member/Manager ______

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
DELMAR HOMES II, LLC

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