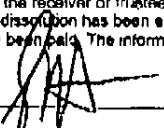


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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2009 NOV 20 AM 8:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA CR2E041 (11/09)	
DOCUMENT # L06000032659					
1. Limited Liability Company's Name DELMAR Homes II, LLC					
2. Principal Office Address - No P.O. Box # 406 SW 1 ST Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 344025 Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA, USA	
City & State Florida City, FL		City & State Homestead, FL		5. Date Organized or Qualified To Do Business in Florida 3/29/06	
Zip 33034	Country USA	Zip 33034	Country USA	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					
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  Date 11/13/09 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager		City / State / Zip	
MEM	Tomas Mesa	406 SW 1 ST		Florida City, FL 33034	
REINSTATEMENT 08-09 QR 11-23-09					
11. E-mail Address: mesaconsulting77@aol.com					
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  Date 11/13/09 Daytime Phone (786) 2432527 Typed or printed name of signing Managing Member/Manager					

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Division of Corporations
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
DELMAR HOMES II, LLC

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