

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 21 AM 8:44

DOCUMENT # L06000051246

1. Limited Liability Company's Name

~~DELBERG LLC~~
DELBERG LLC

700144615977
02/27/09--01031--014 **516.25
CR2E041 (10/08)

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

1011 TUPELO WAY

Suite, Apt. #, etc.

WESTON, FL 33327

City & State

WESTON, FL

Zip

33327

Country

US

3. Mailing Office Address

1011 TUPELO WAY

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/18/06

6. FEI Number

20-3971967

☐ 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

DIEDRA CHATMAN

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

1011 TUPELO WAY

Suite, Apt. #, Etc.

WESTON

City

WESTON, FL

State

FL

Zip Code

33327

☐ 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

2/23/09

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
	<u>MEDIEDRA CHATMAN</u>	<u>1011 TUPELO WAY</u>	<u>WESTON, FL 33327</u>
	<u>MEL TERRANCE CHATMAN</u>	<u>1011 TUPELO WAY</u>	<u>WESTON, FL 33327</u>

REINSTATEMENT 2007-2009

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

[Signature]

Date

2/23/09

Daytime Phone #

954-892-0500

954-892-0500

Typed or printed name of signing Managing Member/Manager



RECEIVED

09 JUL 21 PM 4:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 11, 2009

DIEDRA CHATMAN
1011 TUPELO WAY
WESTON, FL 33327

SUBJECT: DELBRRG LLC
Ref. Number: W09000011509

We have received your document for DELBRRG LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Our records show no entity by this name.

The entity's date of organization and document number must be listed in the document.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00008334