



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000082696 1. Entity Name DOLPHIN BOULEVARD, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 OCT 21 AM 11:39	
Principal Place of Business 8260 NW 27 STREET, #408 DORAL, FL 33122				Mailing Address 8260 NW 27 STREET, #408 DORAL, FL 33122			
2. Principal Place of Business - No P.O. Box # 14329 NW 17 PATH		3. Mailing Address BOX 668618				10072008 REIN-LLC CR2E101 (1/07)	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc. 0		4. FEI Number 20-5420466		Applied For Not Applicable	
City & State OPA LOCKA FL		City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Zip 33054	
Country USA		Country USA		6. Name and Address of Current Registered Agent ALI, MARCELO C 8260 NW 27 STREET, #408 DORAL, FL 33122			
7. Name and Address of New Registered Agent Name MARCELO C. ALI Street Address (P.O. Box Number is Not Acceptable) 14329 NW 17th PATH City OPA LOCKA FL Zip 33054				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> MARCELO C. ALI PRESIDENT DATE 08/07/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM FORTEX CONSTRUCTION, INC. 8260 NW 27 STREET, #408 DORAL, FL 33122				TITLE NAME STREET ADDRESS CITY-ST-ZIP 14329 NW 17 PATH OPA LOCKA FL 33054			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP 100136981201 10/16/08--01037--005 ***138.75			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: <i>[Signature]</i> MARCELO C. ALI PRESIDENT DATE 08/07/08 305 6850576 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							