

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

08 OCT -9 PM 2:22

DOCUMENT # 1.07000000110

1. Limited Liability Company's Name

Delivery Asset Miami 1, LLC

300136688289
10/07/08--01006--004 **238.75

CR2E041 (10/08)

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

7035 NW 50th Street

Suite, Apt. #, etc.

City & State

Miami

Zip

33166

Country

USA

3. Mailing Office Address

7035 NW 50th Street

Suite, Apt. #, etc.

City & State

Miami

Zip

33166

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida December 29, 2006

6. FEI Number

20-8122547

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

Amornrat Vongpitaka

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

7035 NW 50th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

☒ 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

Date October 3, 2008

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
MGRM	Amornrat Vongpitaka	7035 NW 50th Street	Miami, FL 33166

03/27/07-90203-026-\$50.00

REINSTATEMENT 2007-08

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

Date 10/3/2008

Daytime Phone # 305-994-7729

Typed or printed name of signing Managing Member/Manager Amornrat Vongpitaka