

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE

L97000000566

FILED 00 APR 25 PM 4: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L97000000566 1. Limited Liability Company's Name DELROD PROPERTIES L.C.

2. Principal Office Address 495 NE 4 Street Suite 5 Delray Beach, Florida 33483 US 3. Mailing Office Address 233 11th Street 2nd Floor Miami Beach, Florida 33139 US (Dade)

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 5/21/97 6. FEI Number 59-3384423 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Robert B. Macaulay One Southeast Third Avenue #2200 Miami

500003244985--9 -05/09/00--01100--001 \*\*\*200.00 \*\*\*200.00 State FL Zip Code 33131

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 Robert B. Macaulay Date 4/24/00 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Dennis J. Dellinger, 233 11th Street, #5, Miami Beach, FL 33139

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 reasons for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all taxes owed by the limited liability company have been paid. Signature of Managing Member/Manager Dennis James Dellinger Date 4/24/00 Daytime Phone # 305 695 0000