


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # **L 97 000000747**

1. Limited Liability Company's Name

DLQB, LLC

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

677 SW 1st

Suite, Apt. #, etc.

3. Mailing Office Address

677 SW 1st street

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FLA

Zip

33130

Country

USA

Zip

33130

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

71-6927072

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

ROBERT QUINTANA

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

677 SW 1st street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
MEM	QUINTANA, ROBERT	677 SW 1st	MIAMI FL 33130
MEM	QUINTANA, MAGALY	677 SW 1st	MIAMI FL 33130

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

2/4/07

Daytime Phone #

305 393-0244

Typed or printed name of signing Managing Member/Manager

MAGALY QUINTANA

786 351-6057