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LIMITED LIABILITY REINSTATEMENT

DEL SUNSHINE, L.L.C.

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2004 OCT 13 AM 9:28  
SUNSHINE CORPORATIONS  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # MD2000043516</b>					
1. Limited Liability Company's Name <b>DEL SUNSHINE, L.L.C.</b>					
2. Principal Office Address <b>4905 34th St. South</b> <small>City, State, and Zip</small>			3. Mailing Office Address <b>P.O. Box 178</b> <small>City &amp; State</small> <b>4905 34th St. South</b> <small>City &amp; State</small>		4. State/Country of Formation <b>DELAWARE / U.S.A.</b>
5. Date Registered or Qualified To Do Business in Florida <b>12/31/02</b>		6. FSS Number <b>013455586</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DENIED <input checked="" type="checkbox"/>					
8. Name and Address of Current Registered Agent					
Name <b>CT CORPORATION SYSTEM</b>					
Street Address (P.O. Box Number is Not Applicable) <b>[REDACTED]</b>					
City, State, and Zip <b>1200 SOUTH PINE ISLAND ROAD</b>					
County <b>PLANTATION</b>					
State <b>FL</b>					
Zip Code <b>33324</b>					
9. I, being sponsor, the registered agent of the above named limited liability company, am, together with one agent, the co-sponsors of Chapter 806, F.S.					
Signature of Registered Agent <b>[Signature]</b>				Date <b>10/13/04</b>	
10. Name and Street Address of Managing Member/Manager					
TYPE	Name of Managing Member/Manager	Street Address of each Managing Member/Manager	City / State / Zip		
MGRM	STEVE DELAPORTAS	5511 N. 32ND STREET	PHOENIX, AZ 85016		
11. I certify that I am managing member/manager or the member or trustee empowered to execute this application as provided for in Chapter 806, F.S. I further certify that when filing this reinstatement application the reason for delinquency has been a failure to file the limited liability company name, including the requirements of Chapter 806, F.S., and that all fees owed by the limited liability company have been paid. The information contained on this application is true and correct, and my signature shall have the same legal effect as if made under oath.					
Signature of Managing Member/Manager <b>[Signature]</b>				Date <b>10/13/04</b>	
Typed or printed name of Managing Member/Manager <b>Steve Delaportas</b>				Daytime Phone <b>(602) 561-0510</b>	