

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000143603 1. Entity Name D.L.R. MANAGEMENT, INC.						FILED 06 JAN 27 PM 3:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139				Mailing Address 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139			
2. Principal Place of Business 545 Madison Ave., 17th Fl. Suite, Apt. #, etc.				3. Mailing Address 545 Madison Ave., 17th Fl. Suite, Apt. #, etc.			
City & State New York, NY				City & State New York, NY			
Zip 10022		Country U.S.		Zip 10022		Country U.S.	
6. Name and Address of Current Registered Agent GIORDANO, DEBRA L MS 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Debra Giordano Street Address (P.O. Box Number is Not Acceptable) 16 Island Avenue #4D City Miami Beach FL Zip Code 33139			
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 DATE 01/26/06 <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 \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, DEBRA L <input checked="" type="checkbox"/> Delete 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Giordano, Debra L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 West 66th St., 49C New York, NY 10023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIORDANO, DEBRA L <input checked="" type="checkbox"/> Delete 165 NORTH HIBISCUS DRIVE MIAMI BEACH, FL 33139			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Giordano, Debra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 West 66th St., 49C New York, NY 10023		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200065585042 02/10/06--01072--009 **900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P 2/3/06		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 01/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							