

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

LOI 000012098



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
02 DEC 11 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012098  
Name and Mailing Address

0002063 01 FP 0.352 \*\*PRSR T 7 0 0615 33140-41041  
D P PROPERTY HOLDING, LLC  
% LIONSTONE GROUP, INC.  
2901 COLLINS AVE., SUITE M  
MIAMI BEACH FL 33140-4104



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/23/2001	
Principal Place of Business % LIONSTONE GROUP, INC. 2901 COLLINS AVE., SUITE M MIAMI BEACH FL 33140	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0604988	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LIONSTONE GROUP, INC. 2901 COLLINS AVE., SUITE M MIAMI BEACH FL 33140	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400009471154 12/11/02--01054--009 **150.00 City FL Zip Code
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10. 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 *Bruce E. Lazar VP* Date 12/9/2002  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DUPONT PROPERTY HOLDING, INC.	2901 COLLINS AVE., SUITE M	MIAMI BEACH FL 33140

REINSTATEMENT 2002  
BR

12. 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 *Bruce E. Lazar VP/manager* Date 12/9/2002 Daytime Phone # 305 532 2511 x302  
Typed or printed name of signing Managing Member/Manager BRUCE E. LAZAR

CR2E084 (8/02)