

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 JAN 27 PM 3: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600215825356  
01/30/12--01001--003 \*\*138.75

CR2E041 (1/11)

DOCUMENT # L07000064823

1. Limited Liability Company's Name

**DP Driftwood Holdings LLC**

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

18001 Collins Ave

Suite, Apt. #, etc.

31st Floor

City & State

Sunny Isles Beach, FL

Zip  
33160

Country  
USA

3. Mailing Office Address

18001 Collins Ave

Suite, Apt. #, etc.

31st Floor

City & State

Sunny Isles Beach, FL

Zip  
33160

Country  
USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 06/20/2007

6. FEI Number

65-0755133

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 **Warren Jay Stamm, Esq.**

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

18001 Collins Avenue

Suite, Apt. #, Etc.

31st Floor

City  
Sunny Isles Beach

State  
FL

Zip Code  
33160

E-mail Address:

600215825356  
01/03/12--01042--019 \*\*238.75

legal@trumpgrande.com

(To be used for future annual report notices)

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

Date

REGISTERED AGENT MUST SIGN

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
MGR	Michael Dezer	18001 Collins Ave, 31st Floor	Sunny Isles Beach, FL 33160
REINSTATEMENT 11, 12			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 12/19/11

Daytime Phone # 305 532 1023

Typed or printed name of signing Managing Member/Manager

Michael Dezer

12/27/2012