


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 DEC 15 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000002210
1. Limited Liability Company Name
DSA PROPERTIES (RI), LLC

2. Principal Office Address - No P.O. Box # 990 Biscayne Blvd.		3. Mailing Office Address 21 East 5th Avenue	
Suite, Apt. #, etc. Suite 1501		Suite, Apt. #, etc. Suite 204	
City & State Miami, FL		City & State Conshohocken, PA	
Zip 33132	Country USA	Zip 19428	Country USA

CR2E041 (1/14)

4. State/Country of Formation Rhode Island	
5. Date Organized or Qualified To Do Business in Florida 04/25/2005	
6. FEI Number 41-2108097	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.00 Additional Fee required for a certificate of status.	

8. Name and Address of Current Registered Agent

Name
Martin T. Schrier

Street Address (P.O. Box Number is Not Acceptable) Suite,
200 S Biscayne Blvd.

Apt. #, Etc.
Suite 4410

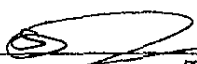
City
Miami

State
FL

Zip Code
33131

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date 12/14/16

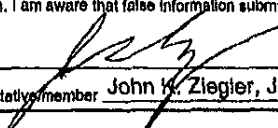
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Sean J. Wolfington	21 East 5th Avenue, Suite 204	Conshohocken, PA 19428

11. E-mail Address: mromero@cozen.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member  Date 12/14/16 Daytime Phone # 610-862-4370

Typed or printed name of signing authorized representative/member John W. Ziegler, Jr., Authorized Representative

Handwritten signature/initials