

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 MAY 28 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 2001-2002
L00000004156

1. Limited Liability Company's Name

DKM PROPERTIES, LLC

2. Principal Office Address

1141 NORTON DR.

Suite, Apt. #, etc.

APT. ONE

City & State

QUEENS N.Y.

Zip

11691

Country

U.S.A

3. Mailing Office Address

P.O. BOX 200646

Suite, Apt. #, etc.

SOUTH OZONE

City & State

JAMAICA N.Y.

Zip

11420-0646

Country

U.S.A.

4. State/Country of Formation

FLORIDA (U.S.A.)

5. Date Organized or Qualified
To Do Business in Florida

APRIL 7, 2000

6. FEI Number

22-312-9194

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

DENNIS RAMKELLAWAN

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

9 SOUTH EAST BANYAN ROAD

Suite, Apt. #, Etc.

0

City

OCALA

State

FL

Zip Code

34472

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

Dennis Ramkellawan

Date 05-22-02

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
<u>MGR</u>	<u>DENNIS RAMKELLAWAN</u>	<u>1141 NORTON DR.</u>	<u>QUEENS, N.Y. 11691</u>

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.

Signature of

Managing Member/Manager

Dennis Ramkellawan

Date 05-22-02

Daytime Phone# 1718-331-2751

Typed or printed name of signing Managing Member/Manager

DENNIS RAMKELLAWAN

CR2E041 (9/01)