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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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2003 MAY 28 AM 11:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003057

1. Limited Liability Company's Name

DMA MANAGEMENT, LLC

2. Principal Office Address	3. Mailing Office Address
702 - 9TH STREET	702 - 9TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM HARBOR, FLORIDA	City & State: PALM HARBOR, FLORIDA
Zip: 34683 Country: US	Zip: 34683 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 02/27/01

6. FEI Number: 59-3701374 ☐ 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: DONNA ALOI

Street Address (P.O. Box Number is Not Acceptable): 702 - 9TH STREET

Suite, Apt. #, Etc.:

City: PALM HARBOR, State: FL Zip Code: 34683

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: Donna Aloi Date: 5/24/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	ALOI, DONNA	702 - 9TH STREET	PALM HARBOR, FLORIDA 34683
PST	ALOI, DONNA	702 - 9TH STREET	PALM HARBOR, FLORIDA 34683

REINSTATEMENT 2002-03

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: Donna Aloi Date: 05/24/03 Daytime Phone # 727- 440-7269

Typed or printed name of signing Managing Member/Manager: DONNA ALOI, MANAGER/MEMBER

05/28/03 WED 10:52 FAX 7274418617 JOHNSON POPE 002

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TALLAHASSEE, FLORIDA

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Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS, P.A.
Account Number : 076666002140
Phone : (727)461-1818
Fax Number : (727)441-8617

LIMITED LIABILITY REINSTATEMENT

DMA MANAGEMENT, LLC

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Certificate of Status	1
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