

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT -9 PM 3:27

DOCUMENT # L01000008395

1. Limited Liability Company's Name

DMH3 HOLDINGS, LLC

600008312346--7  
-10/10/02--01080--003  
\*\*\*\*155.00 \*\*\*\*155.00

REINSTATEMENT 2002

2. Principal Office Address

90 CHAMPIONS WAY

Suite, Apt. #, etc.

3. Mailing Office Address

90 CHAMPIONS WAY

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

ST. JOHN

Zip

32092

Country

ST. JOHN

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

MAY 22, 2001

6. FEI Number

59-3721397

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

RONALD S BAILIS

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

90 CHAMPIONS WAY

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32092

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

Ronald S Bailis

REGISTERED AGENT MUST SIGN

Date 10-9-02

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
<u>MGRM</u>	<u>RONALD S BAILIS</u>	<u>90 CHAMPIONS WAY</u>	<u>ST. AUGUSTINE, FL 32092</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

Ronald S Bailis

Date 10-2-02

Daytime Phone # 904-940-5500

Typed or printed name of signing Managing Member/Manager

RONALD S BAILIS

CR20041 (9/01)