

250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031727

1. Limited Liability Company's Name

DMG Capital/Midway Park Properties, LLC

000073721050
05/02/06--01044--024 **255.00

CR2E041 (8/05)

2. Principal Office Address

1355 W. Palmetto Park Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#260

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33486

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/25/2002

6. FEI Number

87-0714543

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

Jeffrey D. Kune

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

1355 W. Palmetto Park Road

Suite, Apt. #, Etc.

#260

City

Boca Raton,

State
FL

Zip Code
33486

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.	Jeffrey D. Kune	1355 W. Palmetto Park Rd., #260	Boca Raton, FL 33486

REINSTATEMENT 04-06

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

Date

2/31/06

Daytime Phone #

561 250 4344

Typed or printed name of signing Managing Member/Manager

Jeffrey D. Kune