

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

L02000031727

FILED

03 DEC -4 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031727

Name and Mailing Address

0012980 01 AT 0.292 **AUTO T7 0 0615 33486-333099

DMG CAPITAL/MIDWAY PARK PROPERTIES, LLC

1355 W PALMETO PARK RD. #260

BOCA RATON FL 33486-3330

100025390504
12/10/03--0104--025 **150.00



BK

CR2E084 (7/03)

2. New Mailing Address 1355 W. PALMETTO PARK RD #260		4. State/Country of Formation FL	
City, State, Zip BOCA RATON, FL 33486		5. Date Organized or Qualified To Do Business in Florida 11/25/2002	
Principal Place of Business 1355 W PALMETO PARK RD. #260 BOCA RATON FL 33486	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent TIERNEY, J. STEPHEN III 311 SOUTH SECOND ST. FT PIERCE FL 34950		9. Name and Address of New Registered Agent Name JEFFREY D. KUNE Street Address (P.O. Box Number is Not Acceptable) 1355 W. PALMETTO PARK RD #260 City BOCA RATON FL Zip 33486	
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10. 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 *[Signature]* **SIGNATURE REQUIRED** Date 12/1/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KUNE, JEFF	1355 W PALMETO PARK RD. #260	BOCA RATON FL 33486
400025390504 12/10/03--0104--025 **5.00			
REINSTATEMENT-2003			
<i>BK</i>			

12. 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 *[Signature]* **SIGNATURE REQUIRED** Date 12/1/03 Daytime Phone # 561 702 8262

Typed or printed name of signing Member/Manager