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Florida Department of State

Division of Corporations

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REINSTATEMENT 2006 DS

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LIMITED LIABILITY REINSTATEMENT

DKLK MEDLEY CORPORATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$150.00

DEC-29-2006 FRI 04:09 PM FAX NO. P. 02

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2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #L03000016587

1. Entity Name
DKLK MEDLEY CORPORATE, LLC

Principal Place of Business	Mailing Address
8491 N.W. 17TH STREET, SUITE L MIAMI, FL 33126	8491 N.W. 17TH STREET, SUITE L MIAMI, FL 33126

12272006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
2333 Brickell Avenue	2333 Brickell Avenue
Suite, Apt. #, etc.: Unit T-C	Suite, Apt. #, etc.: Unit T-C
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33129 Country: USA	Zip: 33129 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, HAROLD L 2 SOUTH BISCAYNE BLVD., SUITE 2400 ONE BISCAYNE TOWER MIAMI, FL 33131	Name: BSPA Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable): 350 East Las Olas Blvd, Ste 1000 City: Fort Lauderdale FL Zip Code: 33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thomas D Wells, Authorized Agent 12-29-06
Signature, typed or printed name of registered agent and title if applicable. / (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KIBLER, LAWRENCE MR. 8491 N.W. 17TH STREET, SUITE MIAMI, FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KIPNIS, DONALD MR. 2333 BRICKELL AVENUE, UNIT T-C MIAMI, FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Thomas D Wells, Author. Rep 12-29-06 305 755-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

1201 AAA 304132