

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT -9 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
L12000019330

DBMKW 2012, LLC

2. Principal Office Address - No P.O. Box #
1500 Reynolds Street

Suite, Apt. #, etc.
#402

City & State
Key West, FL

Zip
33040

Country
USA

3. Mailing Office Address
6000 Executive Blvd.

Suite, Apt. #, etc.
#700

City & State
Rockville, MD

Zip
20852

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
2/8/2012

6. FEI Number
45-4701617

☐ 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
Erica Hughes

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

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

000265283560
10/09/14--01034--017 **382.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Joel Meisel	6000 Executive Blvd.	Rockville, MD 20852
REINSTATEMENT		S. HAWKES	
2013-2014		OCT 09 A.M.	
EXAMINER			

11. E-mail Address: **jenna@meiselholdings.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **10/3/14**

Daytime Phone # **301-881-7800**

Typed or printed name of signing Authorized Representative/Manager **Joel S Meisel**