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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000103125

1. Limited Liability Company's Name

DHR INVESTMENT, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1135 Kane Concourse | 1135 Kane Concourse |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 6th Floor | 6th Floor |
| City & State | City & State |
| Bay Harbor Islands, FL | Bay Harbor Islands, FL |
| Zip / Country | Zip / Country |
| 33154 / USA | 33154 / USA |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1200 South Pine Island Road

Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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 _____ Date 10/14/2016
REGISTERED AGENT MUST SIGN

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 | DHR Manager LLC | 1135 Kane Concourse, 6th Flr. | Bay Harbor Islands, FL 33154 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: _____
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 10/17/2016 Daytime Phone # _____

Typed or printed name of signing authorized representative/member DHR MANAGER LLC

(((H16000256497 3)))

PG 10/18/16

Division of Corporations



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# Florida Department of State

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**LIMITED LIABILITY REINSTATEMENT**
**DHR INVESTMENT, LLC**

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