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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 JAN -2 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000000565

200082906352

CR2E041 (8/05)

1. Limited Liability Company's Name

DP DRIFTWOOD L.L.C.

MK
05

2. Principal Office Address	3. Mailing Office Address
18001 Collins Avenue	18001 Collins Avenue
Suite, Apt. #, etc.: 31st Floor	Suite, Apt. #, etc.: 31st Floor
City & State: Sunny Isles Beach, FL	City & State: Sunny Isles Beach, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/22/1997

6. FEI Number: 65-0755133 ☐ 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: Ronald R. Fieldstone

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle,

Suite, Apt. #, Etc.: Suite 601

City: Coral Gables State: FL Zip Code: 33134

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: Ronald R. Fieldstone Date: 12/20/06

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
MGRM	Michael Dezer	18001 Collins Ave., 31st Floor	Sunny Isles Beach, FL 33160
MGRM	Neomi Dezertzov	18001 Collins Ave., 31st Floor	Sunny Isles Beach, FL 33160

REINSTATEMENT 2005-2007

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 608.408, 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: MM Date: 12/20/06 Daytime Phone #: 305-932-1000

Typed or printed name of signing Managing Member/Manager: MICHAEL DEZER MANAGER/ MEMBER

CSC
CORPORATION SERVICE COMPANY

L97000006565

RECEIVED
07 JAN -2 PM 12:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032
REFERENCE : 693689 4311754
AUTHORIZATION :
COST LIMIT : $ 250.00

ORDER DATE : January 2, 2007
ORDER TIME : 11:46 AM
ORDER NO. : 693689-005
CUSTOMER NO: 4311754

FILED
07 JAN -2 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DP DRIFTWOOD L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS _____