

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -8 PM 1:08

4/5/24

DOCUMENT # L99000004511

1. Limited Liability Company's Name DSLA Realty, L.C.

REINSTATEMENT

2001-2002

000005638730--1
-05/30/02--01007--023
****200.00 ****200.00

2. Principal Office Address

6600 High Ridge Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Zip

33426

Country

USA

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

7/23/99

6. FEI Number

58-2515682

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

BDB Agent Co.

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

2500 N. Military Trail, Suite 480

Suite, Apt. #, Etc.

City

Boca Raton, FL 3343

State
FL

Zip Code
33434

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

Rana M. Gomeck, Asst. Secretary
REGISTERED AGENT MUST SIGN

Date

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
MGR	David A. Braunstein	6600 High Ridge Road	Boynton Beach, FL 33426
		2001-2002	
	REINSTATEMENT		

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 608.406, 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

David Braunstein

Date

4/29/02

Daytime Phone #

561 588 8833

Typed or printed name of signing Managing Member/Manager

David A. Braunstein

CR2E041 (9/01)