PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
16 DEC 15 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000002210

1. Limited Liability Company's Name
DSA PROPERTIES (RI), LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
990 Biscayne Blvd.		21 East 5th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1501		Suite 204	
City & State		City & State	
Miami, FL		Conshohocken, PA	
Zip	Country	Zip	Country
33132	USA	19428	USA

4. State/Country of Formation
Rhode Island

5. Date Organized or Qualified To Do Business in Florida 04/25/2005

6. FEI Number 41-2108097 ☐ 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
Martin T. Schrier

Street Address (P.O. Box Number is Not Acceptable) Suite,
200 S Biscayne Blvd.

Apt. #, Etc.
Suite 4410

City	State	Zip Code
Miami	FL	33131

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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 12/14/16
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	Sean J. Wolfington	21 East 5th Avenue, Suite 204	Conshohocken, PA 19428

11. E-mail Address: mromero@cozen.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 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 12/14/16 Daytime Phone # 610-862-4370

Typed or printed name of signing authorized representative/member John K. Ziegler, Jr., Authorized Representative