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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAREINSTATEMENT *01-02*

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000113189			
1. Corporation Name DMLK Properties, Inc.			
2. Principal Office Address 406 Treasure Boat Way Suite, Apt. #, etc. City & State Sarasota, Florida Zip 34242 Country Sarasota		3. Mailing Office Address 1301 6th Avenue, West Suite, Apt. #, etc. Suite 400 City & State Bradenton, Florida Zip 34205 Country Manatee	
4. Date Incorporated or Qualified To Do Business in Florida 12/11/2000		5. FEI Number ☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name ROBERT C. SCHERMER, ESQUIRE / GREENE & SCHERMER			
Street Address (P.O. Box Number is Not Acceptable) 1301 6th Avenue, West			
Suite, Apt. #, Etc. Suite 400			
City Bradenton		State FL	Zip Code 34205
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <i>Robert C. Schermer</i>		Date 2/1/02	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DIANNE KIRSCH	406 Treasure Boat Way	Sarasota, FL 34242
VP	IRVING KIRSCH	406 Treasure Boat Way	Sarasota, FL 34242
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>[Signature]</i>		Date: 2/11/02 (941) 346-5179 Daytime Phone #	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : GREENE, DONNELLY & SCHERMER
Account Number : 104075002246
Phone : (941)747-3025
Fax Number : (941)747-6937

CORPORATION REINSTATEMENT

DMLK PROPERTIES, INC.

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