

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**REINSTATEMENT** 2001

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # L 00000012130

01 OCT 18 PM 12:17

1. Limited Liability Company's Name

T. D. H. Limited Co.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

2801 PONCE DE LEON BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1280

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33134

Country

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

Debra Ros

Street Address (O. Box Number is Not Acceptable)

2801 Ponce de Leon Blvd

Suite, Apt. #, Etc.

1280

City

CORAL GABLES, FL

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

[Signature]

Date

10/13/01

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
P	Emilio Zabala	2801 CORAL GABLES, FL	33134 USA
VP	MIRIAM NUÑEZ	2801 CORAL GABLES, FL	33134 USA

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

[Signature]

Date

10/13/01

Daytime Phone #

305 445 5424

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)