PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 13 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L00000012130

1. Limited Liability Company's Name
T.D.H. Limited Co.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
1245 NE 85 Street		P.O. Box 402984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami Beach, FL	
Zip: 33138	Country: USA	Zip: 33140	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: October 2, 2000

6. FEI Number: 26-0667648 — 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: Luciano Ros

Street Address (P.O. Box Number is Not Acceptable): 1245 NE 85 Street

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33138

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Lucia [signature] — Date: 08/07/2007

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
President	Miriam Nunez	1245 NE 85 Street Miami, FL 33138	Miami / FL / 33138
			900108474259
			08/22/07--01046--010 **250.00
			REINSTATEMENT
			03-07

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: X [signature] — Date: 08/07/2007 — Daytime Phone #: (305) 758 3675

Typed or printed name of signing Managing Member/Manager: Miriam Nunez