

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**08 OCT -3 AM 11:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000025292**

1. Limited Liability Company's Name

**DHHC, LLC**

**800136439888**  
09/29/08--01066--012 \*\*416.25

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 740 SW ROCKY BAYOU TERR Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> AV. PROLONGACION PASEO Suite, Apt. #, etc. DE LA REFORMA #625, STE 209	
City & State PORT ST LUCIE, FLORIDA		City & State COL. PASEO LOMAS MEXICO, DF	
Zip 34986	Country U.S.A.	Zip 01330	Country Mexico

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 3-15-05	
<b>6. FEI Number</b> 75-3269486	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>			
Name Graviter Associates LLP			
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle			
Suite, Apt. #, Etc. Suite 901			
City Coral Gables	State FL	Zip Code 33134	

☒ 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.

<b>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.</b>	
Signature of Registered Agent 	Date 8/27/08
REGISTERED AGENT MUST SIGN	

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PATRICIA DIAZ	740 SW ROCKY BAYOU TERR	PORT ST. LUCIE, FL 34986
MGRM	JAN K CALLEJA	ENRIQUE REBSAMEN NO 520	NARVARTE, MEXICO CITY MEXICO
MGRM	GERD H SEYLER	ENRIQUE REBSAMEN NO 520	NARVARTE, MEXICO CITY MEXICO
MGRM	VICTOR M MONTES DE OCA	ENRIQUE REBSAMEN NO 520	NARVARTE, MEXICO CITY MEXICO
REINSTATEMENT		0608	

<b>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.</b>		
Signature of Managing Member/Manager 	Date 8-27-08	Daytime Phone # 52-55-52928232
Typed or printed name of signing Managing Member/Manager Jim Hintze		