

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT #** L05000085281

1. Limited Liability Company's Name

DAVID F WELSH, LLC

2. Principal Office Address - No P.O. Box #

2410 PRAIRIE AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

MIAMI BEACH, FLORIDA 33140

Zip

33140

Country

USA

City &amp; State

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

8/29/2005

6. FEI Number

26-3692840

☐ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status**8. Name and Address of Current Registered Agent**

Name

PAUL H FREEMAN

Street Address (P.O. Box Number is Not Acceptable)

1840 WEST 49TH STREET

Suite, Apt. #, Etc.

SUITE 410

City

HIALEAH

State

FL

Zip Code

33012

☒ 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

Date

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
MGRM	DAVID F WELSH	2410 PRAIRIE AVENUE	MIAMI BEACH, FLORIDA 33140

000138000570

11/17/08--01050--018 \*\*416.25

**REINSTATEMENT**

2006-08

SIA

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

*David F. Welsh*

Date 11/11/2008

Daytime Phone # 305-534-1128

Typed or printed name of signing Managing Member/Manager

DAVID F WELSH