L06000042265

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LIMITED LIABILITY REINSTATEMENT

WELLDUNN MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000042265

1. Limited Liability Company's Name

Welldunn Miami, LLC

CR2E041 (10/06)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
316 South Biscayne Boulevard	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33131 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04/21/2006

6. FEI Number: 20-5408513 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Angell Corporate Services

Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street

Suite, Apt. #, Etc.: Suite 100

City: West Palm Beach State: FL Zip Code: 33401

☑ 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: J. Runt, Vice President Date: 12/02/2008

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	James M. Dunn	316 South Biscayne Boulevard	Miami, FL 33131

REINSTATEMENT 2008

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 608.508, 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: 11/26/08 Daytime Phone #: 781-444-9374

Typed or printed name of signing Managing Member/Manager: James M. Dunn