PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secre	PARTMENT OF STATE etary of State of Corporations			
DOOGINEIVI # -	P0100C	1454	1		
1. Limited Liability Company's Name				Mark of the .	
Welc'hame LLC			20	noteszekkká	
			02/02	2/1001013023 ****\$\$5.00	
Principal Office Address - No P.O. Box #	3. Mailing Office Ad	ddress	·	CR2E041 (11/09)	
777 NW 72 AV		Hio street	4. State/Cour	ntry of Formation Florido	
Suite, Apt. #, etc. ·#3 <i>C</i> D1	Suite, Apt. #, etc.		5. Date Orgai	nized or Qualified NOV 13,2005	
City & State	City & State	Cania (1)		•	
Man, Flauda Zip Country	Zip	GROVE, FL		er 41_2221010 Applied For Not Applicable	
33126 Dade	33133	Dade	7. CERTIFICATE	S 5.00 Additional Fee require for a Certificate of Status	
8. Name and Address of	f Current Registered /	Agent			
Name Patrick Mayal			A \$100	O reinstatement fee is imposed, except sumstances which the entity did not	
Street Address (P.O. Box Number is Not Address labe)			receive	e the prior notices. By checking this	
Suite, Apt. #, Etc.			not re	box, you are certifying the prior notices were not received and requesting the \$100	
City Donabalca Diana State 3 Zip Code			_ reinstat	tement be waived.	
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept				* 101 000 F 0	
Signature of Registered Agent Parel Parel Registered Agent Parel Registered Agent Registered Reg				Date \ \ \28/2010	
RE	EGISTERED AGENT M	AUST SIGN			
10. Names and Street Addresses of Managing Men		Street Address of Each			
Managing Members/Manage	Managing Members/Managers Managing Memb		ager	City / State / Zip	
MGRM Pascal Christelle		3078 OHIO Street		COCONUT GROVE, FL	
		······································	S. F	AWKES	
				FEB 3 - 2010	
REINSTA	TENE	T T			
2007-10	TIVIV	NI	EXA	AMINER	
11. E-mail Address:					
(To be used for future annual report notifications) 12. 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 Manager Manager					
Typed or printed name of signing Managing Member/Manager					