PLEASE READ ALLINST RUCTIONS BUT OWN COMIL ETIMS THE FORM UIVISION OF CORPORATIONS **LIMITED LIABILITY** FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 09 DEC -8 PM 1:37 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT#L67600037952 1. Limited Liability Company's Name NBH D5, LLC 800163426208 12/08/09--01004--023 ***1110.00 CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2665 G. Bayshare Dr. 2665 S. Bayshore dr State/Country of Formation Iorida Date Organized or Qualified Suite aub <u>Suite 906</u> To Do Business in Florida 10910 City & State Applied For coconut grove FL COCONUT Grove FL 712-8867913 Not Applicable \$5.00 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED USA USA 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except Jorge L. Gurian in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2665 S. Bayshore box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. State Zip Code CUCOMUZ CIVUIP 33133 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. 12/07/09. REGISTERED AGENT MUST SIGN 10. Names and Street Addre ses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip 2665 S. Bayshore dr. Stegolo COCON+Grove FL 30133 MGBM TOMUS SMIZ 26655. Baysheredr. Stegob Coconut grove EL 33133 Kamil Marvangle 2665 5. Bayshore dr. Stegob axonut grove FL 33133 MGRM Andrea Battistini

REINSTATEMENT 2008-2009

Sacran @ aurian law. com.

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
	filling 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 effe-
	as if made under oath.

Signature of

11. E-mail Address:

Suite, Apt. #, etc.

City & State

33133

Suite, Apt. #, Etc.

Signature of Registered Agent

Titles

Managing Member/Manager

_ Date 12/07/09. Daytime Phone # 305 2794101

Typed or printed name of signing Managing Member/Manager

LU7000379 SECRET OF STATE OF DEC -8 PM 1: 37

December 7, 2009

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: WBH D5 LLC (L07000037952)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for WBH D5 LLC. The annual Uniform Business Report had not been filed previously because the principal officer/ director had never received the renewal package during calendar year 2008 or 2009. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year, 2008 & 2009.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

ruly yours,

TOMAS SMID

Enclosure