PLEASE READ LOS ON CE ORE CMP TING HIS FIRM. 43

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LIMITED LIABILITY COMPANY REINSTATEMENT		Secretar	TMENT OF STATE Ty of State CORPORATIONS		SECRETA	13 HAY 20	
DOCUMENT # L09000024543 1. Limited Liability Company's Name Huddle, LLC -				SEE. FLORES			
2011				CR2E041 (1/11)			
1925 Brickell Avenue 1925 B		Office Address rickell Avenue		4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. # PH 10 PH 10 City & State City & State				Date Organized or Qualified To Do Business in Florida			
Miami, FL Miam Zip Country Zip				6. FEI Number Applied For Not Applicable			
33129 USA	33129		USA	7. CERTIFICATE	E OF STATUS DESIRED for	Additional Fee require a Certificate of Status	
8. Name and Address of Current Registered Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite Apt. #, Etc. Suite 125 City Coral Gables			State Zip Code FL 33146	E-mail Address: 800248091318 05/20/1301030020 **516, 25 oye@pnrlaw.com (To be used for future annual report notices)			
9. I, being appointed the registered agent of the apprenamed limited liability company, am familiar with and acc Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 5/15/13		
10. Names and Street Addresses of Managing Mer	nbers/Managers	5			···········		
Titles Name of Managing Members/ Managers		Street Address of Each Managing Member/ Manager			City / State / Zip		
Mgr Alberto F. Maspons		1925 Brickell Av. Ph		Ph 10	Miami, FL 33129		
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REINSTATEM			2.011-2	013			
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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155, F.S.

Signature of Managing Member/Manager ____

Typed or printed name of signing Managing Member/Manager Alberto F. Maspons

//3_ Daytime Phone #