PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 2013 08:00 AM
Secretary of State

DOCUMENT # L11000025000

1. Limited Liability Company's Name

DECAL MIAMI, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
One S.E. Third Avenue	Attn: Jonathan L. Awner	Florida
Suite, Apt. #, etc: 25th Floor	Suite, Apt. #, etc: One S.E. Third Avenue, 25th Floor	5. Date Organized or Qualified To Do Business in Florida: 02/28/2011
City & State: Miami, FL	City & State: Miami, FL 33131	6. FEI Number: 68-0681942 (Applied For / Not Applicable)
Zip: 33131 Country: USA	Zip: 33131 Country: USA	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc:

City: Plantation State: FL Zip Code: 33324

E-mail Address:

mtriboldi@decal.it

(To be used for future annual report notices)

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: Katie Womack, Asst. Sec. Date: 3/1/2013

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
MGR	Gianluigi Triboldi	c/o Via Triboldi Pietro 4, 26015 Soresina	Cremona, Italy
MGR	Jose Ignacio Pujol	c/o Muelle De Inflamables S/N	Barcelona, Spain
MGR	Christopher Vecellio	101 Sansbury's Way	West Palm Beach, FL 33411

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: _____ Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: GIAN LUIGI TRIBOLDI

RC 3/4/13