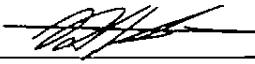


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L21000519181			
1. Limited Liability Company's Name DYMA, LLC			
2. Principal Office Address - No P.O. Box # 28 Auerbach Lane State, Apt. #, etc. City & State Lawrence, NY Zip Country 11559 US		3. Mailing Office Address 28 Auerbach Lane Suite, Apt. #, etc. City & State Lawrence, NY Zip Country 11559 US	
8. Name and Address of Current Registered Agent Name AOM Services, LLC Street Address (P.O. Box Number is Not Acceptable) Suite 1340 NE 174th St Apt. #, Etc. City State Zip Code North Miami Beach FL 33162		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 12/10/2021 6. FEI Number ☒ Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 04/11/2024 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Jason Lieber	28 Auerbach Lane	Lawrence, NY 11559
REINSTATEMENT			
04/11/2024			
11. E-mail Address nathan@aomservicesllc.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member /s/ Jason Lieber Date 04/10/2024 Daytime Phone # 516-295-3294			
Typed or printed name of signing authorized representative/member Jason Lieber			



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/11/2024

Name: Patrice Rush

Reference #: 2329513

Entity Name: DYMA, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☒ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other FILE FIRST

*@ SUN BIZ SHOWED AROUND \$500 for the fees
I estimated \$400 penalty, \$100 Filing, 2 yrs of ARS, for a total
of 777.50. If it is less please file. If more
please call me @*

Authorized Amount: \$777.50 516.25

Signature: *Patrice*

*5182130739
for approval.*