PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M17:16

000427680550

DOCUMENT # L21000519181

CR2E041 (1/14)

1. Limited Liability Company's Name
DYMA, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
28 Auerbach Lane	28 Auerbach Lane
Suite, Apt. #, etc	Suite, Apt. # etc
City & State: Lawrence, NY	City & State: Lawrence, NY
Zip: 11559 Country: US	Zip: 11559 Country: US

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**

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: North Miami Beach State: FL Zip Code: 33162

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		
		04/11/24	

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

COGENCYGLOBAL

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

Account#: I20000000088
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 @ 5182130739 for approval.

Authorized Amount: ~~$777.50~~ 516.25

Signature: Patrice

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790