2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

DOCUMENT # L00000013734

1. Entity Name
LIDI, LLC

FILED
04 OCT 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

10192004 REIN-LLC CR2E101 (8/04) 10/25

Principal Place of Business	Mailing Address
2855 NW 75TH AVE MIAMI, FL 33172	2855 NW 75TH AVE MIAMI, FL 33172

2. Principal Place of Business	3. Mailing Address
Lidi	2855 NW 75 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami	
City & State	City & State FL 33122
Zip 33122 Country US	Zip 33122 Country US

4. FEI Number 26-1772122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLINE, CHARLES C WHITE & CASE LLP 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lily Dickerson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when delivering) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DICKERSON, LILY 2855 NW 75TH AVE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition 600042158716 10/25/04--01063--014 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE * / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2004
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	w/o Penalty fee ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #