Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000207821 3)))

H07000207821 3ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : COHEN, NORRIS, SCHERER, WEINBERGER & WOLMER
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

Attn: L. Lincoln

FILED
07 AUG 17 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
07 AUG 17 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

VIDON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$250.00

Electronic Filing Menu Corporate Filing Menu Help

NRC

(((H07000207821 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 17 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L00000014430

1. Limited Liability Company's Name

VIDON, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13861 SAND CRANE DRIVE	13861 SAND CRANE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS, FL	City & State: PALM BEACH GARDENS, FL
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/21/2000

6. FEI Number: 651058783 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: VIVIAN F. KUSS
Street Address (P.O. Box Number is Not Acceptable): 13861 SAND CRANE DRIVE
Suite, Apt. #, Etc.:
City: PALM BEACH GARDENS, State: FL Zip Code: 33418

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Vivian F Kuss Date: 8/17/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DONALD KUSS	13861 SAND CRANE DRIVE	PALM BEACH GARDENS, FL 33418

REINSTATEMENT
05-07

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.; 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 608.408, 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.

Signature of Managing Member/Manager: Donald J Kuss Date: 08/17/07 Daytime Phone #: 561.627.5877

Typed or printed name of signing Managing Member/Manager: DONALD KUSS, MANAGING MEMBER

(((H07000207821 3)))