

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
- COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000013929**

1. Limited Liability Company's Name

**DIVA DISTRIBUTORS INTERNATIONAL LLC**

2009 OCT -8 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fee: 932.50  
Dept of State

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

7431-34 W ATLANTIC AVE

Suite, Apt. #, etc.

#146

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

3. Mailing Office Address

7431-34 W ATLANTIC AVE

Suite, Apt. #, etc.

#146

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 04/17/2003

6. FEI Number

27-1061112

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  
**VANESSA PENA**

Street Address (P.O. Box Number is Not Acceptable)

7431-34 W ATLANTIC AVE

Suite, Apt. #, Etc.

#146

City

DELRAY BEACH

State

FL

Zip Code

33446

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/05/09

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	TRIDON ENTERPRISE	5959 COOPERS LANDING CT	BURKE, VA 22015

200161510012

10/08/09--01040--006 \*\*932.50

REINSTATEMENT

10-9-09

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.

Signature of  
Managing Member/Manager

Date 10/05/2009

Daytime Phone # (561) 200-5962

Typed or printed name of signing Managing Member/Manager VANESSA PENA MGR FOR TRIDON ENTERPRISE