

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:42

CR2E041 (8/05)

DOCUMENT # L03000018065

1. Limited Liability Company's Name

EDS Holdings, LLC

2. Principal Office Address

3837 Northdale Blvd.

Suite, Apt. #, etc.

194

City & State

Tampa, FL

Zip

33624

Country

USA

3. Mailing Office Address

3837 Northdale Blvd.

Suite, Apt. #, etc.

194

City & State

Tampa, FL

Zip

33624

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

05/20/2003

6. FEI Number

020693128

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

Marc S. Barhonovich

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

3837 Northdale Blvd

Suite, Apt. #, Etc.

194

City

Tampa

State

FL

Zip Code

33624

800081389608

10/31/06 01053 019 **206.00

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 10/27/06

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	Marc S. Barhonovich	3837 Northdale Blvd Suite 194	Tampa, FL 33624

REINSTATEMENT 2005-06

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 10/27/06

Daytime Phone # 813-265-9274

Typed or printed name of signing Managing Member/Manager

Marc Barhonovich