

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000050121

1. Limited Liability Company's Name

VIDS, LLC.

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

3201 NE 183 STREET

Suite, Apt. #, etc.

1707

City & State

AVENTURA, FLORIDA

Zip

33160

Country

USA

3. Mailing Office Address

3201 NE 183 STREET

Suite, Apt. #, etc.

1707

City & State

AVENTURA, FLORIDA

Zip

33160

Country

USA

8. Name and Address of Current Registered Agent

Name **BEILE EDELSTEIN**

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

3201 NE 183 STREET

Suite, Apt. #, Etc.

1707

City

AVENTURA, FLORIDA

State

FL

Zip Code

33160

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

Beile Edelstein

Date

REGISTERED AGENT MUST SIGN

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
MGRM	BEILE EDELSTEIN	3201 NE 183 STREET #1707	AVENTURA, FL 33160
MGRM	CARLOS BUSTAMANTE TRUSTEE	1925 BRICKELL AVEN APT. D-712	MIAMI, FL 33129

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 608.408, 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. 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 Managing
Member/Manager

Beile Edelstein

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

12 JAN 12 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

REINSTATEMENT

05-11

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/04/2003

6. FEI Number

20-0570964

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

000215346640
12/19/11--01061--005 **1071.25

BEILE22@AOL.COM

(To be used for future annual report notices)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2011

VIDS, LLC
BEILE EDELSTEIN
3201 NE 183 ST. #1707
AVENTURA, FL 33160

SUBJECT: VIDS, LLC
Ref. Number: L03000050121

We have received your document for VIDS, LLC and your check(s) totaling \$1071.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 611A00028420