

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 DEC 15 AM 9:22

DOCUMENT # LD4000009588

1. Limited Liability Company's Name

EDDS, LLC

2. Principal Office Address

2302 Winter Woods Blvd.

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

~ September 2004

6. FEI Number

20-1022473

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

Kevin L. Moore

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

2302 Winter Woods Blvd.

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32792

800082584878

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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

K. Moore

Date

12/12/06

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
Pres.	Kevin L. Moore	2302 Winter Wood Blvd.	Winter Park, FL 32792

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

K. Moore

Date 12/12/06

Daytime Phone #

407/678-3337

Typed or printed name of signing Managing Member/Manager

Kevin L. Moore