

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
OCT 21 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000041463

1. Limited Liability Company's Name

LIDO CONSULTANTS, L.L.C.

CR2E041 (10/08)

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

6718 Sutor Heights Lane

Suite, Apt. #, etc.

3. Mailing Office Address

6718 Sutor Heights Lane

Suite, Apt. #, etc.

City & State

Melbourne, FLA.

Zip
32940

Country

USA

City & State

Melbourne, FLA.

Zip
32940

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 2, 2004

6. FEI Number

☒ 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

William E. Shofstall

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

828 SAURE DRIVE

Suite, Apt. #, Etc.

City

WELINGTON

State

FL

Zip Code

33414

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/17/08

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	Kevin P. Cassidy	6718 Sutor Heights Lane	Melbourne, FL 32940

REINSTATEMENT

2008

005 3500753 1000000796

DEPOSIT ONLY 270-00

10/20/08 01068 014

200137094052

10/20/08 01068 014 **421.25

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

[Signature]

Date 10/17/08

Daytime Phone # 561-641-2600

Typed or printed name of signing Managing Member/Manager

Kevin P. Cassidy

The Law Office of
William G. Shofstall
Attorney and Counselor at Law

Oct. 17, 2008

FILED
08 OCT 21 PM 2:54
SUPERIOR COURT
TALLAHASSEE, FLORIDA

To: Secretary of State

Enclosed please find:

- (1) L.S.C. Amendment Form
- (2) Check for \$ 421.25 (3 x \$138.75 + 5.00 for
Certificate of Status.
- (3) Envelope

Please present as quickly as possible &
send Cert of Status in the enclosed
envelope.

Thank

WGS