

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

09 FEB -3 PM 1:53

DOCUMENT # L06000027863

1. Limited Liability Company's Name

Didmon Holdings, LLC

800142273938  
01/28/09--01022--002 \*\*416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
12030 SW 77 Terrace

3. Mailing Office Address  
12030 SW 77 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

Zip Country  
33183 USA

Zip Country  
33183 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida March 15, 2006

6. FEI Number  
20-4553530

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  
Didio Victores

Street Address (P.O. Box Number is Not Acceptable)  
12030 SW 77 Terrace

Suite, Apt. #, Etc.

City  
Miami

State Zip Code  
FL 33183

☒ 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 1/20/09

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
MMR	Didio Victores	12030 SW 77 Terrace	Miami, Florida 33183
	REINSTATEMENT	2007-2009	

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 1/20/09

Daytime Phone# 305-525-7567

Typed or printed name of signing Managing Member/Manager Didio Victores

T. Hampton FEB - 4 2009