

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2009 NOV 25 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000044522

1. Limited Liability Company's Name

INTERNATIONAL DOCUMENTS ELECTRONIC  
MANAGEMENT, LL.C.

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
2385 NW Executive Ct Drive - PO Box 48022

Suite, Apt. #, etc.  
Suite 100

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
St. Petersburg

Zip Country  
33431 USA

Zip Country  
33743-8022 USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida April 26, 2007

6. FEI Number 22-3963360 ☒ 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  
Elisabetta Pedersini

Street Address (P.O. Box Number is Not Acceptable)  
2385 NW Executive Center Drive

Suite, Apt. #, Etc.  
Suite 100

City  
Boca Raton

State Zip Code  
FL 33431

☒ 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

Date 11/20/2009

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
MGMR	Elisabetta Pedersini	2385 NW Executive Ct Dr.	Boca Raton, FL 33431
MGMR	Juan M. Suero	2385 NW Executive Ct Dr.	Boca Raton, FL 33431

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**REINSTATEMENT -08-09**

11. E-mail Address: info@idemfl.com

(To be used for future annual report notifications)

12. 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. This 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 11/20/09 Daytime Phone # 561-807-7793

Typed or printed name of signing Managing Member/Manager

Elisabetta Pedersini