

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

16 SEP 20 AM 4:42

DOCUMENT # L09000101054

1. Limited Liability Company's Name

FDI, LLC

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

17888 67th Court North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

USA

3. Mailing Office Address

17888 67th Court North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida 07/01/2016

6. FEI Number  
86-1004432

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

In Corp Services, Inc.

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

17888 67th Court North

Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

600288841576  
06/28/16--01014--027 \*\*125.00

600288841576  
08/08/16--01010--003 \*\*113.75

600288841576  
09/21/16--01017--007 \*\*138.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Jackie DeFilippis*

Jackie DeFilippis on behalf of InCorp Services, Inc. 7-17-2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Dick Dijkman	PO Box 430	Scottsdale, AZ 85252
MGR	Brenda Dijkman	PO Box 430	Scottsdale, AZ 85252
AMBR	Blake Dijkman	PO Box 430	Scottsdale, AZ 85252
AMBR	Drew Dijkman	PO Box 430	Scottsdale, AZ 85252
AMBR	Jonas Dijkman	PO Box 430	Scottsdale, AZ 85252

**REINSTATEMENT**

11. E-mail Address: jas@vail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

*Dick Dijkman*

Date 7/26/2016

Daytime Phone # 602-407-2800

Typed or printed name of signing authorized representative/member

Dick Dijkman

# **KHALSA MCBREARTY ACCOUNTANCY, LLP**

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## **CERTIFIED PUBLIC ACCOUNTANTS**

September 13, 2016

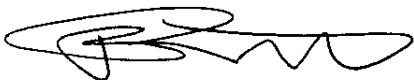
Marquitta Williams  
Florida Department of State  
Divisions of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

Subject: FDI, LLC  
Ref. Number: L09000101054

We previously mailed a check for \$125 and another for \$113.75 to reinstate FDI, LLC which were both cashed. Later we were informed the total amount needed to reinstate a company is \$337.50 and were short \$138.75. Enclosed is check for \$138.75 to reinstate limited liability company FDI, LLC. Upon receipt of check please reinstate FDI, LLC as the fee has now been paid in full.

Thank you for attention to this matter. If you have any questions or find any issues reinstate FDI, LLC please call me at 602-407-2800.

Thank You,



Regina Whitehead