


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L10000110428

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 1. Limited Liability Company's Name Vidamar, LLC (Changed to Vida Mar, LLC)					
2. Principal Office Address - No P.O. Box # 3233 Crystal Ct Suite, Apt. #, etc.		3. Mailing Office Address 3233 Crystal Ct Suite, Apt. #, etc.		CR2E041 (1/14)	
City & State Miami, FL		City & State Miami, FL		4. State/Country of Formation FL, USA	
Zip 33133		Country USA		5. Date Organized or Qualified To Do Business in Florida 4/20/11	
6. FEI Number L10000110428		27-373 8854		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status					
8. Name and Address of Current Registered Agent Name Leif-Erik Hvide Street Address (P.O. Box Number is Not Acceptable) Suite, 3233 Crystal Ct Apt. #, Etc. City Miami				100293090841 12/08/16--01016--021 **516.25	
State FL		Zip Code 33133			
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 _____ Date 12/7/16 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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	Leif-Erik Hvide	3233 Crystal Ct	Miami FL 33133		
MGR	Paloma Hvide	3233 Crystal Ct	Miami FL 33133		
11. E-mail Address: lhvide@gmail.com					
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 _____		Date 12/7/16		Daytime Phone # 786-543-6233	
Typed or printed name of signing authorized representative/member Leif-Erik Hvide					