

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1 Limited Liability Company's Name

L12 000155292
LDM ENTERPRISES

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

11452 SW 74 ST.

3 Mailing Office Address

11452 SW 74 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

8 Name and Address of Current Registered Agent

Name

SEAN LORET DE MOYA

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

11452 SW 74 ST

Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date

08/05/25

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 |
|--------|--|---|--------------------|
| AR | SEAN LORET DE MOYA | 11452 SW 74 ST. | Miami, FL 33173 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address

LORET.DE.MOYA@GMAIL.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

Date

08/05/25

Daytime Phone #

305-987-6481

Typed or printed name of signing authorized representative/member

SEAN LORET DE MOYA

2025 AUG -5 PM 11:26

CR2EC41 (1/14)

4 State/Country of Formation

FL

5 Date Organized or Qualified
To Do Business in Florida

700455680227

6 FEI Number

0810525-01005-013

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

FILED
25 AUG -5 PM 12:33
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/05/25 BY 60322/UC/STW