

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 23 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

299-8821

1. Limited Liability Company's Name

INTERNET DEVELOPMENT COMMERCE LLC.

2. Principal Office Address

6595 NW 36th St Miami, FL 33166

Suite, Apt. #, etc.

311

City & State

Miami, Florida

Zip

33166

Country

USA

3. Mailing Office Address

6595 NW 36th St. Miami, FL 33166

Suite, Apt. #, etc.

311

City & State

Miami, Florida

Zip

33166

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 12/17/99

6. FEI Number

65-0967460 (EIN) L99000008821

☒ 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

ALBERTO RICO

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

6595 NW 36th St. Miami, FL 33166

Suite, Apt. #, Etc.

311

City

Miami

000003617220-3

-01/31/01--01028--004

*****50.00 *****50.00

000003617220-3

-01/31/01--01028--005

*****150.00 *****150.00

State

FL

Zip Code

33166

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

Alberto Rico

Date 12/22/2000

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
Mr	Alberto Rico	6595 NW 36th St.	Miami, FL 33166

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

Alberto Rico

Date 12/22/2000 Daytime Phone # 305-4182322

Typed or printed name of signing Managing Member/Manager Alberto Rico

CR2E041 (9/00)