

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M99000002093

Name and Mailing Address

02 NOV 20 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004488 01 FP 0.352 **PRSR T4 0 0615 33442-772544



AEDIS, LLC

1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442-7725



2. New Mailing Address

City, State, Zip

Principal Place of Business

1144 EAST NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

12/29/1999

6. FEI Number

36-4333616

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

ZIMMERMAN, JOHN
1144 E. NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DI TEMPORA, NICHOLAS	1144 E. NEWPORT CENTER DR.	DEERFIELD BEACH FL 33442

4000008666044
10/29/02--01069--010 **150.00

REINSTATEMENT 8002

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. 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

JOHN Zimmerman

10/29/02