

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

05 JUN 27 AM 9:40

DOCUMENT # M99000002093

1. Limited Liability Company's Name

AEDIS, LLC

2. Principal Office Address

1144 East Newport Center Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

3. Mailing Office Address

1144 East Newport Center Dr.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/29/99

6. FEI Number

36-4333616

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

8. Name and Address of Current Registered Agent

Name

John Zimmerman

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

1144 East Newport Center Drive

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

John Zimmerman

REGISTERED AGENT MUST SIGN

Date June 23, 2005

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
MGRM	Nicholas Di Tempora	1144 East Newport Center Drive	Deerfield Beach, Florida 33442

800056575668
06/27/05--01053--006 **205.00

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

Nicholas Di Tempora

Date June 23, 2005 Daytime Phone # 954-246-8600

Typed or printed name of signing Managing Member/Manager

Nicholas Di Tempora

CR2E041 (10/02)