

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

06 OCT -5 AM 10:40

DOCUMENT # M99000002093

1. Limited Liability Company's Name

AEDIS, LLC

2. Principal Office Address

1144 East Newport Center Drive

3. Mailing Office Address

1144 East Newport Center Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, Florida

City & State

Deerfield Beach, Florida

Zip

33442

Country

USA

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

364333616

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

John R. Zimmerman

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

1144 East Newport Center Drive

Suite, Apt. #, Etc.

000080467810

10/04/06--01045--023 \*\*150.00

City

Deerfield Beach, Florida

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 R. Zimmerman*

REGISTERED AGENT MUST SIGN

Date 10/3/06

**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

REINSTATEMENT 2006

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

*Nick Di Tempora*

Date 10/3/06

Daytime Phone # (954) 246-8600

Typed or printed name of signing Managing Member/Manager Nicholas Di Tempora