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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

03 SEP 17 AM 9:14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017702

Name and Mailing Address

0009996 01 FP 0.352 \*\*PRSRT H5 0 0615 33186-226204



NITROTRADE, LLC 9704 SW 134 CT. MIAMI FL 33186-2262



2. New Mailing Address 4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 10/15/2001

6. FEI Number 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 MEYER, GUNTHER 9704 SW 134 CT. MIAMI FL 33186 9. Name and Address of New Registered Agent 100023139391 09/17/03--01039--001 \*\*200.00

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 SEP 01 2003 REGISTERED AGENT MUST SIGN

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, GUNTHER MEYER, 9704 SW 134 CT, MIAMI FL 33186. Includes stamp: REINSTATEMENT 02-03 and signature.

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 9/01/03 Daytime Phone # 305 382 9102

Typed or printed name of signing Managing Member/Manager GUNTHER MEYER

CR2E084 (8/02)