

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/10/09--01039--015 ***377.50

CR2E041 (11/09)

DOCUMENT # **L07000080870**

1. Limited Liability Company's Name

RCM Trading International, LLC

2. Principal Office Address - No P.O. Box #

12920 S.W. 143 ter
Suite, Apt. #, etc.

3. Mailing Office Address

12920 SW 143 ter
Suite, Apt. #, etc.

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

26-0685427

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Jack

Zip

33186

Country

Jack

8. Name and Address of Current Registered Agent

Name

Joseph A. Pereira Jr.

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

12920 SW 143 ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Joseph A. Jr. Pereira

REGISTERED AGENT MUST SIGN

Date **12/7/09**

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
MEMBER	Chirinos Rafael	12920 SW 143 ter	Miami, FL 33186
MEMBER	CONZALEZ, Rafael	12920 SW 143 ter	Miami, FL 33186
MEMBER	Chirinos, David	12920 SW 143 ter	Miami, FL 33186
REINSTATEMENT 08, 09			

11. E-mail Address: **SUSMIAW@HOTMAIL**

(To be used for future annual report notifications)

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

[Signature]

Date **12-08-09**

Daytime Phone #

3054001930

Typed or printed name of signing Managing Member/Manager

RAFAEL CHIRINOS