

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

000000001032

AND
FILED

02 OCT 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001032

Name and Mailing Address

0000142 01 FP 0.352 **PRSR T1 0 0615 33131-120793



TOTIS TRADING LLC
% GLINSKY
169 E. FLAGLER ST #1518
MIAMI FL 33131-1207

REINSTATEMENT 2002



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business % GLINSKY 169 E. FLAGLER ST #1518 MIAMI FL 33131		5. Date Organized or Qualified— To Do Business in Florida 01/27/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0983593	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent GLINSKY, MICHAEL 169 E. FLAGLER ST #1118 MIAMI FL 33131		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 10/28/02 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
MEM	RIASCOS, LOURDES	175 SE 25TH RD #4A	MIAMI FL 33129
MEM	RIASCOS, ALFREDO	175 SE 25TH RD #4A	MIAMI FL 33129
800008713458 10/30/02--01131--002 **150.00			
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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 10/28/02

Daytime Phone # (305) 860 1173

Typed or printed name of signing Managing Member/Manager

ALFREDO RIASCOS

CR2E084 (8/02)