

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 NOV 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L00000002044

**1. Limited Liability Company's Name**

WORLD TRADE, LLC

**2. Principal Office Address**

8405 NW 53 Street

Suite, Apt. #, etc.

Suite C-100

City & State

MIAMI - FLORIDA

Zip

33166

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

Zip

City & State

Country

City & State

**REINSTATEMENT 2001**

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified**

To Do Business in Florida

2/23/00

**6. FEI Number**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED**

Additional Fee required

for a Certificate of Status

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

Name

LOUIS F. EAST

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

8405 NW 53 Street

Suite, Apt. #, Etc.

Suite C-100

City

MIAMI

State

FL

Zip Code

33166

**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

REGISTERED AGENT MUST SIGN

Date

11/02/01

**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
PVP S-1	HUMBERTO YODEX	9777 NW 49 Terrace MIAMI	MIAMI - FLORIDA 33178

**11. I certify that I am managing member/manager or officer 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

11/02/01

Daytime Phone #

(305) 593-5151

Typed or printed name of signing Managing Member/Manager

HUMBERTO YODEX

CR2E041 (9/01)