

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 OCT 29 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L0000004636

1. Limited Liability Company's Name

STRATEGIC TRADING, LLC

2. Principal Office Address

2055 WOOD STREET

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA, FLORIDA

Zip

Country

34237

US

3. Mailing Office Address

2055 WOOD STREET

Suite, Apt. #, etc.

SUITE 102

City & State

SARASOTA, FLORIDA

Zip

Country

34237

US

REINSTATEMENT 2001

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 21, 2000

6. FEI Number

65-1010213

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

Name

E. NICHOLAS DAVIS, III

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

2710 REW CIRCLE

Suite, Apt. #, Etc.

SUITE 100

City

OCOE

State

FL

Zip Code

34761

700004676907-4

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\*\*\*155.00 \*\*\*155.00

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

10/25/01

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
MGMR	STRATEGIC MANAGEMENT, LLC	2055 WOOD STREET, STE. 102	SARASOTA, FL 34237

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

Date

10/25/01

Daytime Phone #

941-308-0090

CR2001/0000