Apr 24 03 03:3a Gov Leg Capital p.2

L00000004636

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

03 APR 24 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000004636

2002-2003

REINSTATEMENT

1. Limited Liability Company's Name

Strategic Trading, LLC

2. Principal Office Address	3. Mailing Office Address
2055 Wood Street	2055 Wood Street
Suite, Apt. #, etc.: Suite 102	Suite, Apt. #, etc.: Suite 102
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34237 Country: U.S.A.	Zip: 34237 Country: U.S.A.

4. State/Country of Formation: Florida

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: Ocoee State: FL Zip Code: 34761

CR2E041 (10/00)

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: E. Nicholas Davis III Date: 4/24/03

REGISTERED AGENT MUST SIGN

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 St, 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: 4/24/03 Daytime Phone #: 941-308-0090

Typed or printed name of signing Managing Member/Manager: Don Edwards

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000139597 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CLOVERLEAF CAPITAL ADVISORS, LLC
Account Number : I19990000230
Phone : (407)905-9699
Fax Number : (407)905-9695

RECEIVED
03 APR 24 AM 10:38
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

STRATEGIC TRADING, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	~~$255.00~~ 205.00