

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WR
5/21

02 MAY -6 AM 10:29

DOCUMENT # L00000014112

1. Limited Liability Company's Name

TRADER'S X-PRESS, LLC

2. Principal Office Address

1025 Vanessa Dr

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip Country
32765 U.S.

3. Mailing Office Address

1025 Vanessa Dr.

Suite, Apt. #, etc.

City & State

Oviedo FL

Zip Country
32765 U.S.

4. State/Country of Formation

FLORIDA U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

NOVEMBER 15, 2000

6. FEI Number

59-3686754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARCIO T. LUCAS

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

1025 VANESSA DR.

Suite, Apt. #, Etc.

City

Oviedo

State
FL

Zip Code

32765

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 APR 1 29, 2002

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
MEM MGR	MARCIO JOSE LUCAS	1025 VANESSA DR.	Oviedo FL 32765

REINSTATEMENT

2001-
2002

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 4/29/2002 Daytime Phone # (407) 977 1993

Typed or printed name of signing Managing Member/Manager