

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JAN 22 PM 2:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **LO1000000772**

1. Limited Liability Company's Name

PRESTIGE TRADE & MANAGEMENT LC

2. Principal Office Address

2578 ENTERPRISE RD

Suite, Apt. #, etc.

#110

City & State

ORANGE CITY, FL

Zip
32763

Country
USA

3. Mailing Office Address

PETRA BERISLAVICA 3/I

Suite, Apt. #, etc.

LBC GROUP

City & State

ZAGREB

Zip
10000

Country
CROATIA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/16/01

6. FEI Number

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

Florida Filing & Search Services, Inc

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

1333 North Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32302

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **1/22/03**

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
MR.	STEPHEN DE CARTERET	VICTORIA HOUSE, THE AVENUE	SARK, CHANNEL ISLANDS
			000010426700

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

[Signature]

Date **12/17/02**

Daytime Phone # **(720)8345838**

Typed or printed name of signing Managing Member/Manager **STEPHEN DE CARTERET**

CR2E041 (8/01)

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

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Abbie Hodge

J. BRYAN JAN 22 2003