

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jiñ Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

02 DEC 31 PM 1:30

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L01000005227

1. Limited Liability Company's Name

Ramsis Trading Company, LLC

200009527498  
 12/16/02--01083--003 \*\*155.00

2. Principal Office Address

2844 Ripton Court

Suite, Apt. #, etc.

City & State

Orlando

Zip  
 32835

Country  
 Orange

3. Mailing Office Address

2844 Ripton Court

Suite, Apt. #, etc.

City & State

Orlando

Zip  
 32835

Country  
 Orange

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/30/2001

6. FEI Number

04-3593852

Applied For

Not Applica

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee reqd for a Certificate of Stat

8. Name and Address of Current Registered Agent

Name

Samy D. Ghaly

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

2844 Ripton Court

Suite, Apt. #, Etc.

City

Orlando

State  
 FL

Zip Code  
 32835

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 12/11/02

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
Mgr	Ramsis Youssef	2844 Ripton Court	Orlando, FL 32835
Mgr	Aliss D. Ghaly	2844 Ripton Court	Orlando, FL 32835
Mgr	Samy D. Ghaly	2844 Ripton Court	Orlando, FL 32835

**REINSTATEMENT**

*Handwritten initials and date*  
 dec

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 the 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 12/11/02

Daytime Phone #

#07 292-3486

Typed or printed name of signing Managing Member/Manager

