DEC-20-2002 12:15 NORTON HAMMERSLEY LOPEZ 954 02

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LIMITED LIABILITY REINSTATEMENT

ALPHA TRADING CO. OF SARASOTA, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000006059

1. Limited Liability Company's Name
Alpha Trading Co. of Sarasota, LLC

2. Principal Office Address		3. Mailing Office Address	
747 High Pinnacle Road		747 High Pinnacle Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cashiers, NC		City & State: Cashiers, NC	
Zip: 28717-3069	Country: USA	Zip: 28717-3069	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Limited to do Business in Florida: April 19, 2001
6. FEI Number: 65-1102409 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent:
Name: E. John Lopez, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1819 Main St.
Suite, Apt. #, Etc: Suite 610
City: Sarasota | State: FL | Zip Code: 34236

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: William G. Holsinger Date: 12-18-02
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	William G. Holsinger	747 High Pinnacle Road	Cashiers, NC 28717-3069
		MAILING ADDRESS P O Box 3069 (MUST HAVE PO BOX TO RECEIVE MAIL)	Cashiers NC 28717-3069

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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: William G. Holsinger Date: 12-18-02 Daytime Phone #: 828-743-0006

Typed or printed name of signing Managing Member/Manager: William G. Holsinger

REINSTATEMENT (((H02000239882 2)))

dcc

TOTAL P.02