L01000007317

...IONS BEFORE ...PLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/18/03--01071--005 **200.00

4/15 2002-2003

DOCUMENT #

1. Limited Liability Company's Name
ORKY TRADER LLC

L01000007317

2. Principal Office Address	3. Mailing Office Address
5221 NW 108 AVE	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State:
Zip: 33178 Country: DADE	Zip: Country:

4. State/Country of Formation: FLORIDA / MIAMI DADE

5. Date Organized or Qualified To Do Business in Florida: 05/08/2001

6. FEI Number: N/A ☐ 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: Orlando De Freites

Street Address (P.O. Box Number is Not Acceptable): 5221 NW 108 Ave

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33178

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: _____ Date: 04-15-03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Olga De Freites	5221 NW 108 Ave	Miami Fl 33178
Mgr	Orlando De Freites	5221 NW 108 Ave	Miami, Fl 33178

REINSTATEMENT 04-03 dcl

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: 04/15/03 Daytime Phone#: 305-468-1497

Typed or printed name of signing Managing Member/Manager: _____