

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUL 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016735

1. Limited Liability Company's Name

Trade Antiques, L.L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

515 East Park Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

515 East Park Avenue

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/28/2001

6. FEI Number

59-3747851

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

NRAI Services, Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

600209889156
07/12/11-01011-019 *1210.00**

paulmccourt@yahoo.co.uk

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

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
MGRM	Andrew Christie	Mains Farm, Gargunnock	Stirling, Scotland UK FK8 3AY

REINSTATEMENT 04/11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

21/6/2011

Daytime Phone #

**01786 -
860509**

Typed or printed name of signing Managing Member/Manager **Andrew Christie**

2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



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DOCUMENT # L01000016735
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Trade Antiques, L.L.C.

2. Principal Office Address - No P.O. Box # 515 East Park Avenue		3. Mailing Office Address 515 East Park Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32301	Country USA	Zip 32301	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/28/2001	
6. FEI Number 59-3747851	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue

Suite, Apt. #, Etc.

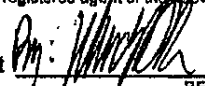
City
Tallahassee

State
FL

Zip Code
32301

E-mail Address:
paulmccourt@yahoo.co.uk
(To be used for future annual report notices)

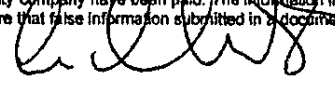
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  **NRAI Services, Inc.**
Wendy D Rea, Assistant Secretary Date **7/11/2011**

REGISTERED AGENT MUST SIGN

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
MGRM	Andrew Christie	Mains Farm, Gargunnock	Stirling, Scotland UK FK8 3AY

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Signature of Managing Member/Manager  Date **21/6/2011** Daytime Phone # **01786-860509**

Typed or printed name of signing Managing Member/Manager **Andrew Christie**