LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L01000016735

1. Limited Liability Company's Name

FILED

2011 JUL 12 AM DE 85

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Trade	e Anti	que	S,	L.	L.	C.				4	
Principal Office Address - No P.O. Box #		3. Mailing C	3. Mailing Office Address				CR2E041 (1/11)				
515 East Park Avenue		515 Eas	515 East Park Avenue				4. State/Country of Formation				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				Florida 5. Date Organized or Qualified				
City & State	City & State	City & State					To Do Business in Florida 09/28/2001				
Tallahassee,	l <u>—</u> 1	Tallahassee, FL				6. FEI Number Applied For S9-3747851 Not Applied be					
^{Zip} 32301	USA ·	^{Zip} 32301		Country			7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee require for a Certificate of Status				
8. Name and Address of Current Registere											
NRAI Services, Inc.				•				E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue				ing similari s				07500020000 \$6210.00			
Suite, Apt. #, Etc.				wigh.				paulmccourt@yahoo.co.uk			
city Tallahassee				State Zip Code FL 32301			(To be used for future annual report notices)				
9. I, being appointed th	e registered agent of the a	above named limite	d liability co	mpany,	am familiar	with and a	accept the obligati	ions of Chapter 608, F.S.		· ·	
Signature of Registered Age	nt							Date	···-		
10 Names and Street	Addresses of Managing A	REGISTERED AG		SIGN		-					
Titles	Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers			Street Address of Each Managing Member/Mana							
MGRM And	Andrew Christie			Mains Farm, Gargu				nock Stirling, Scotland UK FK8 3AY			
						,					
				•							
						RE	EINST	ATEMI	ENT	04/11	
										912	
filing this reinstaten all fees owed by the		n for dissolution bas have been paid. I'h	e ntomatic	nated, t	the limited lia ated on this the Depart	ability compaphication	pany name satisfi i is true and accul ate constitutes a t	ies the requirements of se rate, and my signature sh third degree felony as pro	ection 608.40 pall have the solvided for in s	6, F.S., and that same legal effect i.817.155, F.S.	
_	f signing Managing Memb	er/Manager Arx	drew	Chr	ristie	ate 🔼	/	Daytime Phone #			

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY 2811 JUL 12 AM ID 85 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 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 # 3. Mailing Office Address 515 East Park Avenue 515 East Park Avenue 4. State/Country of Formation Florida Sulte, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 09/28/2001 City & State City & State Applied For Tallahassee, FL Tallahassee, FL 59-3747851 Not Applicable Country Country Zip \$5,00 Additional Feb required for a Certificate of Status. 32301 32301 CERTIFICATE OF STATUS DESIRED USA USA 8. Name and Address of Current Registered Agent E-mail Address: NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue Sulte, Apt. #, Etc. paulmccourt@yahoo.co.uk Zip Code State (To be used for future annual report notices) Tallahassee 32301 9. I, being appointed the registered agent of thoughpove named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. NKAI Senious, Inc. Signature of Wendy D Rea, Assistant Secretary Registered Agent 1/ REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zin Andrew Christie MGRM Mains Farm, Gargunnock Stirling, Scotland UK FK8 3AY 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 608.405, F.S., and that all foes owed by the limited liability company have been paid. The intermedian 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 adoptions to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S. 01786-Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager Andrew