

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000017804

1. Limited Liability Company's Name

ALPER TRADE LLC

BK

04

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
782 NW 42ND AVE

3. Mailing Office Address
782 NW 42ND AVE

Suite, Apt. #, etc.
SUITE: 629

Suite, Apt. #, etc.
SUITE: 629

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33126

Country
USA

Zip
33126

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/17/2001

6. FEI Number
65-1153054

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
JOSE ALEJANDRO PEREIRA

Street Address (P.O. Box Number is Not Acceptable)
782 NW 42ND AVE

BK

Suite, Apt. #, Etc.
SUITE: 629

City
MIAMI

State
FL

Zip Code
33126

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 10-04-07

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
PD	JOSE ALEJANDRO PEREIRA	782 NW 42ND AVE SUITE: 629	MIAMI FL 33126
			000110524790 10/09/07--01024--009 **200.00

REINSTATEMENT 2004-2007

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 10-04-07 Daytime Phone #

Typed or printed name of signing Managing Member/Manager Jose A. Pereira