

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

8048

FILED

2002 NOV -6 PM 4:23

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000018048
Name and Mailing Address

0008452 01 FF 0.352 **PRSRT H6 0 0615 33134-5115B7



TRADE WINDS, LLC
299 ALHAMBRA CIRCLE
SUITE 312
CORAL GABLES FL 33134-5115



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 312 CORAL GABLES FL 33134		5. Date Organized or Qualified To Do Business in Florida 10/18/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1146515 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400008831874 11/06/02--01090--009 **150.00 City FL Zip Code			
10. 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 <i>[Signature]</i> Date 10/30/2002 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	VON LACHMANN, LAURITS FREDRI	299 ALHAMBRA CIRCLE	CORAL GABLES FL 33134
MGRM	ANGUS HILTZ, ROBERT	299 ALHAMBRA CIRCLE	CORAL GABLES FL 33134

CR2E084 (8/02)

REINSTATEMENT 2002

12. 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 *[Signature]* Date 10/28/02 Daytime Phone # (786) 552-7505

Typed or printed name of signing Managing Member/Manager