

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Gronda L. Epp
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 24 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1. DOCUMENT # L01000022873

Name and Mailing Address

0013923 01 AT 0.292 **AUTO T1 0 0615 33904-960417



INTERTRADE OF SW FLORIDA L.L.C.
1217 CAPE CORAL PARKWAY EAST
PMB 237
CAPE CORAL FL 33904-9604



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/26/2001

Principal Place of Business

1217 CAPE CORAL PARKWAY EAST
PMB 237
CAPE CORAL FL 33904-9604

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

80-0034030

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

AHRENS, SIGGI
13131 UNIVERSITY DRIVE
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

4000024347284

11724703--01016--005 **155.00

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

SIGNATURE REQUIRED

Date 11/11/03

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
MGR	HEINRICHS, HANS G	1217 CAPE CORAL PARKWAY WEST PMB 237	CAPE CORAL FL 33904

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 REQUIRED

Date 11/11/03

Daytime Phone #

239 246 4390

Typed or printed name of signing Managing Member/Manager