

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 MAY -4 PM 4: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000003135**

1. Limited Liability Company's Name

SOUTH FLORIDA TRADERS ASSOCIATION LLC

2. Principal Office Address

8910 MIRAMAR PARKWAY

Suite, Apt. #, etc.

207B

City & State

MIRAMAR FL

Zip

33025

Country

USA

3. Mailing Office Address

8910 MIRAMAR PARKWAY

Suite, Apt. #, etc.

207B

City & State

MIRAMAR FL

Zip

33025

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/08/02

6. FEI Number **80-0036380**

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

ISMAIL ASRANI

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

8910 MIRAMAR PARKWAY

Suite, Apt. #, Etc.

207B

City

MIRAMAR

State

FL

Zip Code

33025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **04/27/05**

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
PRES	ISMAIL ASRANI	8910 MIRAMAR PARKWAY 207B	MIRAMAR FL 33025
			100055407851 05/27/05--01040--003 **250.00
			REINSTATEMENT 03-05

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

[Signature]

Date **04/27/05**

Daytime Phone # **305-205-0112**

Typed or printed name of signing Managing Member/Manager **ISMAIL ASRANI**

CR2ED01 (1/0/02)