

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -7 PM 1:03

DOCUMENT # L02000006241

1. Limited Liability Company's Name

WORLD TRADE MANAGEMENT, LLC

REINSTATEMENT 2008-10 SEA

800174682838
04/06/10--01032--029 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

4300 MAIN ST

Suite, Apt. #, etc.

3. Mailing Office Address

4300 MAIN ST.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

PAIM BEACH

Zip

33458

Country

PAIM BEACH

4. State/Country of Formation

FL / PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

MARCH 22, 2012

6. FEI Number

02-0569722

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

LOUIS HADDAD

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

163 HAMPTON PLACE

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date APRIL 2, 2010

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
<u>MAN</u>	<u>LOUIS HADDAD</u>	<u>163 HAMPTON PLACE</u>	<u>JUPITER, FL 33458</u>
<u>MAN</u>	<u>ALFRED ZUCARO</u>	<u>4300 MAIN ST.</u>	<u>JUPITER, FL 33458</u>

11. E-mail Address: HADD5353@BELLSouth.NET

(To be used for future annual report notifications)

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 APRIL 2, 2010 Daytime Phone # 561-644-1717

Typed or printed name of signing Managing Member/Manager