

LIMITED LIABILITY COMPANY
REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010639

1. Limited Liability Company's Name

FOREX TRADING GROUP, LLC

2. Principal Office Address

6205 Blue Lagoon Dr.

Suite, Apt. #, etc.

Suite 601

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

6205 Blue Lagoon Dr.

Suite, Apt. #, etc.

suite 601

City & State

Miami, FL

Zip

33126

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida 5/03/2002

6. FEI Number

470863140

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

ROBERTO B. RIVERA

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

6205 BLUE LAGOON Dr.

Suite, Apt. #, Etc.

SUITE 601

City

Miami

State

FL

Zip Code

33126

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

10/10/03

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
MEM	Roberto B. Rivera	6205 Blue Lagoon Dr. Suite 601	Miami, FL 33126

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

10/10/03

Daytime Phone#

(305) 433-8430

Typed or printed name of signing Managing Member/Manager

FILED

03 OCT 13 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

2003

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