

**L02000013217**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 3:47

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L 02000013217

1. Limited Liability Company's Name  
**PRESTIGE TRADING GROUP, LLC**

2. Principal Office Address <b>477 SO. ROSEMARY AVE.</b> Suite, Apt. #, etc. <b>SUITE 312</b> City & State <b>WEST PALM BEACH, FL</b> Zip <b>33401</b>		Country <b>USA</b>		3. Mailing Office Address <b>1140 KANE CONCOURSE</b> Suite, Apt. #, etc. <b>FIFTH FLOOR</b> City & State <b>BAY HARBOR ISLANDS, FL</b> Zip <b>33154</b>		Country <b>USA</b>	
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4. State/Country of Formation <b>FLORIDA/USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>05/30/2002</b>	
6. FEI Number <b>02-0606992</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee req. for a Certificate of Stat	

8. Name and Address of Current Registered Agent

Name  
**ROBERT HENRY SILVERS, C.P.A., P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**1140 KANE CONCOURSE**

Suite, Apt. #, Etc.  
**FIFTH FLOOR**

City  
**BAY HARBOR ISLANDS,**

State  
**FL**

Zip Code  
**33154**

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]* Date 10/17/03

REGISTERED AGENT MUST SIGN

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
MGR	HOWARD NEEDLE	477 SOUTH ROSEMARY AVE. SUITE 312	W. PALM BEACH, FL33401

**REINSTATEMENT** 2003

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 the 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 10/20/03 Daytime Phone # 561-356917

Typed or printed name of signing Managing Member/Manager