

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

477 SO. ROSEMARY AVE.

Suite, Apt. #, etc.

SUITE 312

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Office Address

1140 KANE CONCOURSE

Suite, Apt. #, etc.

FIFTH FLOOR

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified

To Do Business in Florida

05/30/2002

6. FEI Number

02-0606992

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

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

REGISTERED AGENT MUST SIGN

Date 10/17/03

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
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 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

10/20/03

Daytime Phone #

561-356917

Typed or printed name of signing Managing Member/Manager