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
05 AUG 26 AM 9:08

DOCUMENT # L02000023318

1. Limited Liability Company's Name
A & M TRADING, LLC
7850 NW 146TH STREET # 417
MIAMI LAKES FL 33016

2. Principal Office Address	3. Mailing Office Address
7850 NW 146TH STREET	SAME
Suite, Apt. #, etc.: 417	Suite, Apt. #, etc.:
City & State: MIAMI LAKES, FL.	City & State:
Zip: 33016 / Country: USA	Zip: / Country:

4. State/Country of Formation: FL, USA
5. Date Organized or Qualified To Do Business in Florida: 9/9/2002
6. FEI Number: 22-3870818 ☐ 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: J GARCIA & ASSOCIATES, PA
Street Address (P.O. Box Number is Not Acceptable): 4801 S. UNIVERSITY DR
Suite, Apt. #, Etc.: 302
City: DAVIE | State: FL | Zip Code: 33328

REINSTATEMENT 03-05

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: Jhanet Garcia — REGISTERED AGENT MUST SIGN
Date: 8/18/05

CR2E041 (10/02)

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	RAMIREZ, ANA	7850 NW 146TH STREET #417	MIAMI LAKES, FL.33016
MGR	HERRERA,MARIEL	7850 NW 146TH STREET #417	MIAMI LAKES, FL.33016

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09/14/05--01037--003 **250.00

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: 4/1/05 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: