


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000004225

1. Limited Liability Company's Name

D4P Trading, L.L.C.

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

19314 King Palm Ct.

Suite, Apt. #, etc

3. Mailing Office Address

19314 King Palm Ct.

Suite, Apt. #, etc

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33498

Country

USA

Zip

33498

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/04/03

6. FEI Number

90-0192909

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

Vincent C. Manopoli

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

19314 King Palm Ct.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

☒ 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.

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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

Vincent C. Manopoli

REGISTERED AGENT MUST SIGN

Date

1/11/10

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.	Vincent C. Manopoli	19314 King Palm Ct.	Boca Raton, FL, 33498
Mgr.	Greg J. Cryan	680 Glenover Drive	Alpharetta, GA 30004

REINSTATEMENT

04-10

11. E-mail Address mancotrading@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

Vincent C. Manopoli

Date

1/11/10

Daytime Phone # (561) 706-1126

Typed or printed name of signing Managing Member/Manager

N. Oshagan

MAR 22 2010

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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