

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03000016822**

1. Limited Liability Company's Name

CTC TRADING LLC.

CR2E041 (8/05)

FILED
SECRETARY OF STATE
2006 NOV -6 PM 1:54

2. Principal Office Address

12252 SAG HARBOR

Suite, Apt. #, etc.

SUITE 1

City & State

WEST PALM BEACH, FL

Zip

33414

Country

USA.

3. Mailing Office Address

12252 SAG HARBOR CT.

Suite, Apt. #, etc.

SUITE 1

City & State

WEST PALM BEACH, FL

Zip

33414

Country

USA.

4. State/Country of Formation

FLORIDA / USA.

5. Date Organized or Qualified
To Do Business in Florida

05/07/2003

6. FEI Number

364543471

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

IVAN MOSCOSO

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

12252 SAG HARBOR CT.

Suite, Apt. #, Etc.

SUITE 1

City

WEST PALM BEACH

State
FL

Zip Code

33414

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

IVAN MOSCOSO

REGISTERED AGENT MUST SIGN

Date **10/31/2006**

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	IVAN MOSCOSO	12252 SAG HARBOR CT	WPB, FL 33414
MGR	IVAN MOSCOSO	12252 SAG HARBOR CT	WPB, FL 33414
REINSTATEMENT 2005-2006 DB			

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

IVAN MOSCOSO

Date

10/31/2006

Daytime Phone #

561-577-2147

Typed or printed name of signing Managing Member/Manager

IVAN MOSCOSO.