PLEASE-READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN DOCU	ED LIABILITY COMPANY ISTATEMENT JMENT # LO30	DIV	Secretary of the sion of corporation of corporation of corporation of corporation of the side of the s		7)14	FEB 26 PM 2	ATIONS
1. Limited Liability Company's Name RACOR Trading Co, LLC							
2. Principa	al Office Address - No P.O. Box #	Office Address		CR2E041 (12/07)			
			Passion Vine Circle		4. State/Coun	try of Formation)
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. Date Organ	Ized or Qualified ness in Florida	,
Weston FL City & State West			6. FEI Number			3/2003 Applied For	
Žip	Country	Zip	Cou	-	11-34	595218 _	Not Applicable
333	26 USA	3338	26 (U 5A	CERTIFICATE	OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name							
Street Address (P.O. Box Nurgber is Not Acceptable)					in circ	0 reinstatement fee is imposed, except cumstances which the entity did not	
20183 St. Kd 7 #300					receive the prior notices. By checking this box, you are certifying the prior notices were		
Suite, Apt. #, Etc.					not received and requesting the \$100 reinstatement be waived.		
State Zip Code FL 3303348							
9. I, being appointed the registered admit 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							D&
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	MARK RASNOW		1665 Passion Vine Circle		Weston	FL 33326	
_, -	02/26/03-01027-026 **521.25						3818 % **521.25
REINSTATEMENT							
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 filling 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 Mariaging Member/Manager Plack Rassicia Date 2/21/08 Daytime Phone # 954-465-1813 Typed or printed name of signing Managing Member/Manager MARK RASNOW							
Typed or printed name of signing Managing Member/Manager MARK RASNOW							