2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000036875

1. Entity Name
QC TRADING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 9:16

Principal Place of Business	Mailing Address
[illegible]	[illegible]

03242005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
10200 N.W. 25 ST	10200 N.W. 25 ST
Suite, Apt. #, etc.: 209	Suite, Apt. #, etc.: 209
City & State: Miami Fl	City & State: Miami Fl
Zip: 33172 Country: US	Zip: 33172 Country: US

4. FEI Number: 20-0261532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
[illegible]	Name: Ronald E Martucci Street Address (P.O. Box Number is Not Acceptable): 10200 NW 25 St. Suite 209 City: Miami FL Zip Code: 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: RONALD E. MARTUCCI DATE: 3/28/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTUCCI, RONALD E [illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10200 NW 25 ST # 209 Miami FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MURGANO, CAROLINA J [illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10200 NW 25 ST # 209 Mimai FL 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 04-05
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200050509332 04/12/05--01006--003 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD E MARTUCCI 3/28/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #