

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 CORPORATION

08 APR 25 PM 3:44

CR2E041 (12/07)

DOCUMENT # W04 0000 54300

1. Limited Liability Company's Name

ABSOLUTE TRADING LLC

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

8140 NW 74 AVE

Suite, Apt. #, etc.

#9

City & State

MEDLEY, FL

Zip

33166

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

FL 33160

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/22/2004

6. FEI Number

342000207

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

LORDES MARIN ESQ

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

6600 COW PEN ROAD

Suite, Apt. #, Etc.

SUITE 205

City

MIAMI LAKES

State

FL

Zip Code

33014

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 04/01/08

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	MICHAEL KOBIAKOV	8140 NW 74 AVE #9	MEDLEY, FL 33166
MGR	MICHAEL KOBIAKOV	8140 NW 74 AVE #9	MEDLEY, FL 33166

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04/18/08--01046--004 \*\*188.75

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

Date 4/01/08

Daytime Phone (305) 4184580

Typed or printed name of signing Managing Member/Manager

MICHAEL KOBIAKOV