

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

2009 MAR 10 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L04000071963

**1. Limited Liability Company's Name**

Caribbean Shipping & Trading LLC

**2. Principal Office Address**

3844 HERON RIDGE LN

Suite, Apt. #, etc.

**City & State**

WESTON, FL

**Zip**

33331

**Country**

US

**3. Mailing Office Address**

3844 HERON RIDGE LN

Suite, Apt. #, etc.

**City & State**

WESTON, FL

**Zip**

33331

**Country**

US

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

10/4/2004

**6. FEI Number**

20-1728359

**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**

Business Filings Incorporated

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

1203 Governors Square Blvd,

**Suite, Apt. #, Etc.**

Suite 101

**City**

Tallahassee

**State**

FL

**Zip Code**

32301

**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**

**Date**

3/2/09

**REGISTERED AGENT MUST SIGN**

Mark Williams, AVP, Business Filings Incorporated

**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
Managing Member	Donato Sasso	3844 Heron Ridge Ln	Weston, Florida 33331
Managing Member	Maria Grande	3844 Heron Ridge Ln	Weston, Florida 33331

800144980938  
03/04/09--01038--014 \*\*793.75

**REINSTATEMENT** 05-09  
AL

**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**

02/27/09

**Daytime Phone #**

**Typed or printed name of signing Managing Member/Manager**

Donato Sasso, Managing Member

CR2E041 (9/01)