

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 16 AM 9:03

DOCUMENT # L04000076991

1. Limited Liability Company's Name

S & MCP Trading, LLC.

2. Principal Office Address

16421 S.W. 84 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

3. Mailing Office Address

16421 S.W. 84 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida / United States

5. Date Organized or Qualified
To Do Business in Florida

10/25/2004

6. FEI Number

75-3181668

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

Randall L. Sidloska, P.A.

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

999 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite #550

City

Coral Gables

State

FL

Zip Code

33134

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/11/06

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
MGRM	Campanella, Saul E.	16421 S.W. 84 Street	Miami, FL 33193
MGRM	Pinzon de Campanella, Martha	16421 S.W. 84 Street	Miami, FL 33193

02/25/05 90023 028 \$50.00

400080876744
10/15/06--01044--016 **150.00

05-06

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

[Signature]

Date 10/11/06 Daytime Phone # 786-4781811

Typed or printed name of signing Managing Member/Manager