

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC -2 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000027331

1. Limited Liability Company's Name

KTD TRADING, LLC

6859 WAGON
WHEEL-CIRCLE

CR2E041 (10/08)

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

7930 Cypress Lake Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34243

Country

USA

3. Mailing Office Address

7930 Cypress Lake Drive

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34243

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 3/17/2005

6. FEI Number

☒ 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

THOMAS DELISI

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

7930 Cypress Lake Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34243

☐ 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

Thomas F. Delisi
REGISTERED AGENT MUST SIGN

Date 11/25/2008

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	THOMAS DELISI	7930 Cypress Lake Drive	Sarasota, FL 34243
	L. SELLERS		
	DEC - 3 2008		
	EXAMINER		

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REINSTATEMENT 11/25/08

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

Thomas F. Delisi
Date 11/25/08

Daytime Phone # 941-954-4281

Typed or printed name of signing Managing Member/Manager

Thomas Delisi