

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILING CANCELLED
RETURNED CHECK

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RETURNED CHECK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -5 PM 1:46

DOCUMENT # L050000 55664

1. Limited Liability Company's Name

I.F.G. Capital Trading I, LLC.
2008

MR

CR2E041 (1/11)

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

511 N.W. 32 PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

511 N.W. 32 PLACE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33125

Country

USA

Zip

33125

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6/6/05

6. FEI Number

202903212

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

MAX CORZO

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

511 N.W. 32 PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

E-mail Address:

000216093260

01/04/12--01001--025 **655.00

000216093260

01/06/12--01011--018 **138.75

(To be used for future annual report notices)

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]

Date 12-22-2011

REGISTERED AGENT MUST SIGN

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	MAXIMO CORZO	511 N.W. 32 PLACE	MIAMI FL 33125
MGR	MARIA CORZO	511 N.W. 32 PLACE	MIAMI FL 33125
MGR	MAY F. CORZO	511 N.W. 32 PLACE	MIAMI FL 33125

REINSTATEMENT 2008-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 12-22-2011

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Max Corzo