

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000049556

FILED
Jan 27, 2008
Secretary of State

Entity Name: ONE WORLD TRADING, LLC

Current Principal Place of Business:

1000 BROWARD RD
1016
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

18005 OAK DRIVE
DETROIT, MI 48221 US

Current Mailing Address:

1000 BROWARD RD
1016
JACKSONVILLE, FL 32218 US

New Mailing Address:

P.O. BOX 54021
JACKSONVILLE, FL 32246 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, BENJAMIN T
11297 HARTLAND RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

JONES, BENJAMIN T
3820 LOSCO RD
404
JACKSONVILLE, FL 32257 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BENJAMIN T. JONES

01/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, BENJAMIN T
Address: 1000 BROWARD RD, #1016
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Delete
Name: JONES, NATAVIA J
Address: 1000 BROWARD RD, #1016
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: () Delete
Name:
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, BENJAMIN T VP
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM (X) Change () Addition
Name: JONES, NATAVIA J OFF MGR
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM () Change (X) Addition
Name: JONES, BENJAMIN A PRES.
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Change (X) Addition
Name: JONES, SHAYLA R ARS
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Change (X) Addition
Name: JONES, DONTIA M CS
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM () Change (X) Addition
Name: JONES, SHAYLIN R PS
Address: P.O. BOX 54021
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BENJAMIN T. JONES

VP

01/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date