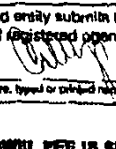
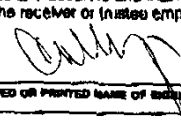


FROM :

FAX NO. :

Dec. 03 2007 11:44AM P7

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000105572			
1. Entity Name ALPHA TRADE INVESTMENTS, LLC			
Principal Place of Business 898 PALM AVENUE HIALEAH, FL 33010 US		Mailing Address 898 PALM AVENUE HIALEAH, FL 33010 US	
2. Principal Place of Business - Nn P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DEL CALLEJO, FERNANDO 898 PALM AVENUE HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of Registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and date is required.		DATE 12-6-07 (NOTE: Registered Agent signature required when substituting)	
FILE NOW!!! FEE IS \$80.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM DEL CALLEJO, FERNANDO 898 PALM AVENUE HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800113204728 12/17/07--01067--001 **55.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Name 305-318-4733 Daytime Phone #	

DEL
01:15:

07 DEC 18 PM 1:05



11302007 REIN-LLC CRZE101 (1/07)

4. FEI Number Applied For
Not Applicable5. Certificate of Status Declared ☒ \$5.00 Additional Fee Required

FL Zip Code

DATE