

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L07000075709**

**1. Limited Liability Company's Name**

**CPA TRADING LLC**

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

**1525 NE 16th Avenue**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip

**33304**

Country

**Broward**

**3. Mailing Office Address**

**1525 NE 16th Avenue**

Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL**

Zip

**33304**

Country

**Broward**

**4. State/Country of Formation**

**Florida**

**5. Date Organized or Qualified**

To Do Business in Florida **7/23/2007**

**6. FEI Number**

**98-0545455**

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

**Business Filings Incorporated**

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

**1203 Governors Square Blvd,**

Suite, Apt. #, Etc.

**Suite 101**

City

**Tallahassee**

State

**FL**

Zip Code

**32301-2960**

☐ 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

**Mark Williams, A.V.P.,**

**Business Filings**

**Incorporated**

Date

**5/3/10**

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
Managing Member	Suzanne Atalotis	1525 NE 16th Avenue	Fort Lauderdale, Florida 33304

**REINSTATEMENT-08-10**

**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

Date

**May 7/10**

Daytime Phone #

**954-5613340**

Typed or printed name of signing Managing Member/Manager

**Suzanne Atalotis**

*C.L.*