

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700163506737
12/10/09--01039--015 ***377.50

CR2E041 (11/09)

DOCUMENT # **L07000080870**

1. Limited Liability Company's Name

RCM Trading International, LLC

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

12920 S.W. 143 ter
Suite, Apt. #, etc.

3. Mailing Office Address

12920 SW 143 ter
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-0685427

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

Joseph A. Pereira Jr.

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

12920 SW 143 ter

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

☐ 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

Joseph A. Jr. Pereira

REGISTERED AGENT MUST SIGN

Date **12/7/09**

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
MAN	Chirinos Rafael	12920 SW 143 ter	Miami, FL 33186
MAN	CONZOLEZ, Rafael	12920 SW 143 ter	Miami, FL 33186
MAN	Chirinos, David	12920 SW 143 ter	Miami, FL 33186
REINSTATEMENT 08, 09			

11. E-mail Address: **SUSMIA@HOTMAIL**

(To be used for future annual report notifications)

12. 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

Rafael Chirinos

Date **12-08-09**

Daytime Phone # **3054001930**

Typed or printed name of signing Managing Member/Manager

RAFAEL CHIRINOS

N. C. G. DEC 15 2009