
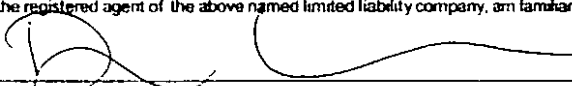
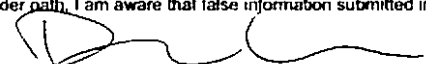


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L10000028034 1. Limited Liability Company's Name TS Trading LLC			
2. Principal Office Address - No P.O. Box # 2918 Tracy Lynn Lane Suite, Apt. #, etc.		3. Mailing Office Address 2918 Tracy Lynn Lane Suite, Apt. #, etc.	
City & State Sachse TX		City & State Sachse TX	
Zip 75048	Country USA	Zip 75048	Country USA
8. Name and Address of Current Registered Agent			
Name Tibor Sandor			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1841 W 72nd place			
Apt. #, Etc.			
City Miami		State FL	Zip Code 33014
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date <u>07/07/2020</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Tibor Sandor	2918 Tracy Lynn Lane	Sachse TX 75048
			AUG 19 2020 S. YOUNG
11. E-mail Address <u>ts tradingllc@gmail.com</u> <small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member 		Date <u>7/6/20</u>	Daytime Phone # <u>786 2104893</u>
Typed or printed name of signing authorized representative/member <u>Tibor sandor</u>			

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CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 03/12/2010

6. FEI Number 90-0543340 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

2020 JUL -7 AM 7:12