


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L14000144370			
1. Limited Liability Company's Name <div style="font-size: 1.2em; font-family: cursive;">World Trade Export & Import LLC</div>			
2. Principal Office Address - No P.O. Box # <div style="font-size: 1.2em; font-family: cursive;">10231 Metro Parkway</div>		3. Mailing Office Address <div style="font-size: 1.2em; font-family: cursive;">4016 Winkler Ave</div>	
Suite, Apt. #, etc. <div style="font-size: 1.2em; font-family: cursive;">105</div>		Suite, Apt. #, etc. <div style="font-size: 1.2em; font-family: cursive;">104</div>	
City & State <div style="font-size: 1.2em; font-family: cursive;">Fort Myers</div>		City & State <div style="font-size: 1.2em; font-family: cursive;">Fort Myers</div>	
Zip Country <div style="font-size: 1.2em; font-family: cursive;">33916 U.S.A</div>		Zip Country <div style="font-size: 1.2em; font-family: cursive;">33916 U.S.A</div>	
8. Name and Address of Current Registered Agent Name <div style="font-size: 1.2em; font-family: cursive;">Davie Pereira</div>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <div style="font-size: 1.2em; font-family: cursive;">1331 Andalusia Blvd</div>			
Apt. #, Etc. <div style="font-size: 1.2em; font-family: cursive;">Cape Coral 33909</div>			
City <div style="font-size: 1.2em; font-family: cursive;">Cape Coral</div>		State Zip Code <div style="font-size: 1.2em; font-family: cursive;">FL 33909</div>	
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 <div style="font-size: 1.2em; font-family: cursive;">Davie Pereira</div> Date <div style="font-size: 1.2em; font-family: cursive;">12-30-15</div> <div style="text-align: center; font-size: 0.8em;">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
AR	Aberaldo Teixeira de Souza	4016 Winkler Ave	Fort Myers FL 33916
MGR	Linderman Melo Souza	4016 Winkler Ave	Fort Myers FL 33916
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">2015</div>			<div style="font-size: 1.2em; font-weight: bold;">S. HAWKES</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">JAN 4 A.M.</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">EXAMINER</div>
11. E-mail Address <div style="font-size: 1.2em; font-family: cursive;">W.T.exportimport@gmail.com</div> <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 <div style="font-size: 1.2em; font-family: cursive;">Aberaldo Teixeira de Souza</div>		Date <div style="font-size: 1.2em; font-family: cursive;">12-30-15</div> Daytime Phone # <div style="font-size: 1.2em; font-family: cursive;">234-440 6144</div>	
Typed or printed name of signing authorized representative/member <div style="font-size: 1.2em; font-family: cursive;">Aberaldo Teixeira de Souza</div>			

CR2E041 (1/14)

4. State/Country of Formation

Florida U.S.A

5. Date Organized or Qualified To Do Business in Florida

09-11-2014

6. FEI Number

47-1605894

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

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