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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

oct 2020

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

DIATRADE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

OCT 14 2020

R. HUNT

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2020 OCT 14 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000053698

1. Limited Liability Company's Name
DIATRADE LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1395 BRICKELL AVE,	1395 BRICKELL AVE,
Suite, Apt. #, etc. SUITE 900	Suite, Apt. #, etc. SUITE 900
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 / Country MIAMI-DADE	Zip 33131 / Country MIAMI-DADE

CR2E041 (1/14)

4. State/Country of Formation FL/MIAMI-DADE

5. Date Organized or Qualified To Do Business in Florida 03/17/2016

6. FEI Number 81 3056968 ☐ 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: ATLASOVA, MARIANNA

Street Address (P.O. Box Number is Not Acceptable) Suite:
1395 BRICKELL AVE

Apt. #, Etc.: SUITE 900

City: MIAMI | State: FL | Zip Code: 33131

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: Marianna Atlasova
REGISTERED AGENT MUST SIGN

Date: 10/14/2020

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
CEO	ATLASOVA, MARIANNA	1395 BRICKELL AVE, SUITE 900	MIAMI, FL 33131

REINSTATEMENT

OCT 14 2020

R. HUNT

11. E-mail Address: usa@epldiamond.com
(To be used for future annual report notifications)

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: Marianna Atlasova Date: 10/14/2020 Daytime Phone #: (786)281-2232

Typed or printed name of signing authorized representative/member: ATLASOVA, MARIANNA