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APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra L. Neitham
Secretary of State
DIVISION OF CORPORATIONS

L9500000313

FILED

98 NOV -4 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L9500000313
DOW TRADING, L.C.
1844 N NOB HILL RD SUITE 422 ORB-AR
PLANTATION, FL 33322 CM

1a. Principal Place of Business Address
1844 N NOB HILL RD SUITE 422
PLANTATION, FL 33322

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
1844 N NOB HILL RD	1844 N NOB HILL RD
Suite, Apt. #, etc. 422	Suite, Apt. #, etc. 422
City & State PLANTATION, FL	City & State PLANTATION, FL
Zip 33322	Zip 33322
Country U.S.	Country U.S.

3. Date Organized or Qualified 04/24/1995	3a. State of Formation FLORIDA
4. FEI Number 65-0574194	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 02/26/91	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
SAUL MIODOWSKY
1844 N. NOB HILL RD SUITE 422
PLANTATION FL 33322

8. Name and Address of New Registered Agent

Name SAUL MIODOWSKY
Street Address (P.O. Box Number is Not Acceptable) 1844 N NOB HILL RD
Suite, Apt. #, etc. 422
City PLANTATION
Zip Code FL 33322

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 _____ Date 10/30/1998

REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Pres.	SAUL MIODOWSKY	1844 N NOB HILL RD #422	PLANTATION, FL 33322

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-11/17/98--01047--001
****188.75 ****188.75

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 10/30/98 Daytime Phone # (954) 463 0829

Typed or printed name of signing Managing Member/Manager _____

STEVE S. LISS P.A.
Certified Public Accountant
1650 S.E. 17TH STREET Suite 301
FORT LAUDERDALE, FL 33316

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

BROWARD: (954)463-0829
DADE: (305)944-5128
FAX: (954)463-7171

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

October 29, 1998

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
98 NOV -4 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Dow Trading L.C.- L95000000313
Renewal of Licence

Dear Sir/Madam,

As per our Telephone conversation as of this morning, enclosed please find a check for \$188.75 for the renewal of the above corporation.

Please be advised that the original renewal notice was never received!

Thank you for your cooperation in this matter.

Sincerely,

Steve S. Liss

Steve S. Liss