

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

~~2000-2001~~
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 29 PM 12:35

DOCUMENT # **L 95000000313**

1. Limited Liability Company's Name

DOW TRADING LLC

9/29/00

600003952476--8
-04/03/01--01028--007
****155.00 ****105.00

2. Principal Office Address

4782 S.W. 72nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PMB 1844 N. Nob Hill Rd.

Suite, Apt. #, etc.

PMB 422

City & State

MIAMI - FL

City & State

PLANTATION - FL

Zip

33155

Country

USA

Zip

33322

Country

USA

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified

To Do Business in Florida **4-24-95**

6. FEI Number

65-0574194

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

SAUL MIODOWSKI

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

3175 NE 184 ST

Suite, Apt. #, Etc.

APT 3204

City

AVENTURA

State

FL

Zip Code

33160

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3-22-01**

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
D	SAUL MIODOWSKI	3175 NE 184 ST APT 3204	AVENTURA - FL. 33160
D	GRACIELA Yoder de Miodowski	" " " " "	" " "
D	Jonathan Miodowski	" " " " "	" " "

FF \$100.00
Ces 5.00
OP 50.00

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

[Signature]

Date **3/22/01**

Daytime Phone # **954-305 830-1182**

Typed or printed name of signing Managing Member/Manager **SAUL MIODOWSKI**

CR2ED41 (9/00)

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DOW TRADING L.L.C.

4782 S.W. 72 Ave.

Miami, Fl. 33155 - U.S.A.

E-mail: dow@logotape.com

Phone: (305) 663-8861

Fax: (305) 663-7310

March 29, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Ref.: L95000000313

Attn.: Brenda

Subject: Reinstatement

Dear Ms. Brenda,

Following our phone conversation, we want to state that we didn't file the 2000 business form because we never receive it.

Please note our mailing address is:

1844 N. Nob Hill Rd. PMB # 422
Plantation, Fl. 33322

My direct phone number : 954-830-1182

Thank you in advance, we appreciate your cooperation,


Saul Miodowski
Presidente