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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 PM 12:43

VL 10/28

DOCUMENT # L96000000051

1. Limited Liability Company's Name
Hildalgo Trading Company, LLC
REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
830 13 State Rd A1A N	
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, FL	City & State
Zip: 32082 Country: United States	Zip Country

4. State/Country of Formation: Florida, US.
5. Date Organized or Qualified To Do Business in Florida: 1/1/96
6. FEI Number: 59-3358181 ☐ 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: PAUL A. KRUGER
Street Address (P.O. Box Number is Not Acceptable): 830-13 STATE RD. A1A N
Suite, Apt. #, Etc.: #201
City: PONTE VEDRA BEACH State: FL Zip Code: 32082

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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: Paul A. Kruger
REGISTERED AGENT MUST SIGN
Date: 10.29.02

CR2E041 (9/01)

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
mgem	Paul kruger	1804 Winding Ridge Rd	Norman Ok 73072
	REINSTATEMENT	2000-2002	

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: Paul A. Kruger ✓ Date: 10.22.02 Daytime Phone #: (405)360-5047

Typed or printed name of signing Managing Member/Manager