

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

00 SEP -5 PM 5: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001439

1. Limited Liability Company's Name

Euro Trading LLC

2. Principal Office Address

1591 E Atlantic Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Pompano Beach, FL 33060

Zip

33060

Country

USA

3. Mailing Office Address

1591 E Atlantic Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Pompano Beach, FL 33060

Zip

33060

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

Dec. 24, 1997

6. FEI Number

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

Carlton Management, Inc.

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

1591 E. Atlantic Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Pompano Beach

State

FL

Zip Code

33060

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

REGISTERED AGENT MUST SIGN

Date August 30, 2000

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
MGRM	Franz Menzies Dairsie Marketing S.A.	23 Regent Street Belize City, Belize	Belize City, Belize
MGRM	C. Menzies Triton Resources Limited	23 Regent Street	Belize City, Belize

11. I certify that I am managing member/manager of 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 9/1/00

Daytime Phone # 954-943-1498

Typed or printed name of signing Managing Member/Manager

Franz Menzies