

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L98000001178

**1. Limited Liability Company's Name**

Tradescape Miami LLC

REINSTATEMENT 2000

**2. Principal Office Address**

800 Brickell Ave

Suite, Apt. #, etc.

Suite 701

City & State

Miami FL

Zip

33131

Country

Miami-Dade

**3. Mailing Office Address**

800 Brickell Ave

Suite, Apt. #, etc.

Suite 701

City & State

Miami FL

Zip

33131

Country

**4. State/Country of Formation**

FL

**5. Date Organized or Qualified  
To Do Business in Florida**

7/98

**6. FEI Number**

65-0851868

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$3.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

DAVID L Prince

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

1900 Sunset Harbor Dr.

Suite, Apt. #, Etc.

#1711

City

Miami

State  
FL

Zip Code

33131

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11 \*\*\*155.00 \*\*\*155.00

**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 Nov. 3, 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
Manager	DAVID L Prince	800 Brickell Ave, suite 701	Miami, FL 33131
Manager	DAN Sterwood	800 Brickell Ave, suite 701	Miami, FL 33131
Manager	C.S. Bloch Trading LLC	449 Park Ave, 22 <sup>nd</sup> Flr	New York, NY 10022

**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

11/3/2000

Daytime Phone #

(305) 710-0569

Typed or printed name of signing Managing Member/Manager

David Prince