

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

01 DEC 10 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C 98060001178

1. Limited Liability Company's Name

Tradescape Miami LLC

2. Principal Office Address

C/O Tew Cardeas Rehab

Suite, Apt. #, etc.

201 S. Biscayne Blvd 26th Fl

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

C/O Tew Cardeas Rehab

Suite, Apt. #, etc.

201 S. Biscayne Blvd 26th Fl

City & State

Miami FL

Zip

33131

Country

USA

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.

#1606

City

Miami

600004725186-7

-12/13/01--01071--007

****155.00 ****155.00

State

FL

Zip Code

33131

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 Nov 6, 2001

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 Prince	800 Brickell Ave, Suite 701	Miami FL 33131
Manager	Dan Steward	800 Brickell Ave Suite 701	Miami FL 33131
Manager	CS Black Trading LLC	135 East 57 th St 31 st Floor New York, NY 10022	New York NY 10022

REINSTATEMENT

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dec

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 11/6/2001

Daytime Phone # 305-710-0569

Typed or printed name of signing Managing Member/Manager

DAVID Prince