L99000000250

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN 21 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001-2003
900010675799
01/23/03--01072--022 **255.00

DOCUMENT # L99000000250

1. Limited Liability Company's Name
R.S.A. TRADE LINK, L.C.

2. Principal Office Address	3. Mailing Office Address
295 SUNNY ISLES BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNNY ISLES BEACH, FL.	City & State
Zip: 33160 / Country	Zip / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 1/15/1999

6. FEI Number: 52-2139961 ☐ 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: JEFFREY ROY COHEN

Street Address (P.O. Box Number is Not Acceptable): 297 SUNNY ISLES BLVD.

Suite, Apt. #, Etc.:

City: SUNNY ISLES BEACH | 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: 1/16/03

CR2E041 (10/02)

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	RETIEF RAUTENBACH	297 SUNNY ISLES BLVD.	SUNNY ISLES BEACH, FL 33160

1/21 mst

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: 1/15/03 Daytime Phone #: 305-940-1985

Typed or printed name of signing Managing Member/Manager: RETIEF RAUTENBACH