SIGNATURE: _____

2005 LIMITED LIABILITY COMPANY REINSTATEMENT					1 S. C.		\	
DOCU 1. Entity Nam AGRO CO	TRADING, LLC			Nu Carrie	1 1 26 B	5		
Principal Place of Business 360 SOUTH SHORE DR SARASOTA, FL 34234		Mailing Address 12260 WILLOW GROVE RD BLDG #2 CAMDEN, DE 19934		, , , ,	E.			
2. Principal Place of Business		3. Mailing Address						
SUITE 401 —		 1220 N. Marke	et St		_			
302 REGENT STREET LONDON		Suite 804		01102005 REIN-LLC CR2E	101 (6/04)	plied For		
— W1H 3BB —		Wilmington, D	DE		NOT APPLICABLE		t Applicable	
UNITED KINGDOM		19801, USA			5. Certificate of Status Desired	\$5.00 Add		
6. Name and Address of Current Registered Agent			Nor		7. Name and Address of New Registered			
FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA, FL 34234			— 1	333 N	ida Filing & Search Services North Duval Street ahassee, FL 32303			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or purited name of registered agent and tile if applicable. (NOTE: Registered Agent alignature required when reinstating) OATE								
FILE NOW!!! FEE IS \$200.00					Make check p Florida Departm	ent of State	The second	
9.	MANAGING MEMBER	S/MANAGERS Delete	10. TITLE		ADDITIONS/CHANGES	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	TROFIMENKO, JAROSLAV 5-11 TOLSTOY STREET MOSCOW, RUSSIA,	LJ Dileto	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	M LINDEN IMPEX CORPORATION	☐ Detete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MOLLY'S BUILDING, BAY ST., P.O. BOX 460		STREET ADDRESS CITY-ST-ZIP		800045440:	398		
TITLE NAME STREET ADORESS	OLYMPIA TRADE CORP. NAM		TITLE NAME STREET ADDRESS			☐ Change	Addition Addition	
CITY-ST-ZIP	KINGSTOWN, ST VINCENT,		CITY-ST-ZIP	<u>. </u>			- 	
TITLE NAME		☐ Delete	TITLE NAME		- MS	Change	Addition	
STREET ADORESS CITY-ST-ZIP		REINS	TATE		NT 2004-2005			
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/10/2005

Daytime Phone #

L99000001620

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 01-26-05

NAME: AGRO COMMODITIES & CHEMICAL TRADING LLC

TYPE OF FILING: REINSTATEMENT

COST: \$200

RETURN:

M

OS JAN 26 AH 10: 15
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDONS

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

