

L99000001679

BLUMBERG/EXCEL

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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

SONIC TRADING LLC

Certificate of Status	0
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SECRETARY OF STATE  
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # <b>L99000001679</b>			
1. Limited Liability Company's Name <b>Sonic Trading, LLC</b> <b>REINSTATEMENT 2003-2005</b>			
2. Principal Office Address <b>67 WALL ST</b>		3. Mailing Office Address <b>67 WALL ST</b>	
State, Apt. #, etc. <b>21ST FL</b>		State, Apt. #, etc. <b>21ST FL</b>	
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>	
Zip <b>10005</b>	Country <b>USA</b>	Zip <b>10005</b>	Country <b>USA</b>
4. State/Country of Formation <b>FLORIDA</b>		5. Date Organized or Qualified To Do Business in Florida	
6. P.O. Number <b>13-4057642</b>		Applied For: Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent			
Name <b>BlumbergExcelsior Corporate Services, Inc.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>4435 Old Winter Garden Road</b>			
State, Apt. #, etc.			
City <b>Orlando</b>		State <b>FL</b>	Zip Code <b>32811</b>
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 		Date <b>2/4/05</b>	
10. Names and Street Addresses of Managing Members/Managers			
TITLES	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	CITY / State / Zip
MANAGING MEMBER	LOUIS FLUO	67 WALL ST 21ST FL NY, NY 10005	NEW YORK, NY 10005
MANAGING MEMBER	JOSEPH A. CANNONCIC	67 WALL ST 21ST FL NY, NY 10005	NEW YORK, NY 10005
MANAGING MEMBER	DAVID L W	67 WALL ST 21ST FL NY, NY 10005	NEW YORK, NY 10005
MANAGING MEMBER	BRIAN F. WALSH	67 WALL ST 21ST FL NY, NY 10005	NEW YORK, NY 10005
MANAGING MEMBER	JOSEPH W. WALSH	512 BALVIEW ST	DESBH FL 32511
11. I certify that I am managing member/manager of the registrant or someone empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the related fee obligation has been satisfied, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and complete, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date <b>1/31/05</b>	Daytime Phone # <b>212-905-7100</b>
Typed or printed name of signing Managing Member/Manager <b>Brian F. Walsh</b>			