

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:27

1. DOCUMENT # L99000004339

Name and Mailing Address

0005154 01 AT 0.292 **AUTO T1 0 0615 33060-737118



GREATNET INTERNATIONAL TRADING L.L.C.
900 E ATLANTIC BLVD
#18
POMPANO BEACH FL 33060-7371



2. New Mailing Address

City, State, Zip

Principal Place of Business

900 E ATLANTIC BLVD
#18
POMPANO BEACH FL 33060

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/19/1999

6. FEI Number

65-0934245

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

CORTOPASSI, MARCIO
900 E ATLANTIC BLVD
#18
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-05-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CORTOPASSI, MARCIO	900 E ATLANTIC BLVD SUITE 18	POMPANO BEACH, FL 33060
MGR	CORTOPASSI, MARCIO	900 E ATLANTIC BLVD SUITE 18	POMPANO BEACH, FL 33060

400024564534
11/10/03--01064--009 **150.00

REINSTATEMENT

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dec

12. 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 REQUIRED

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)