


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 DEC -1 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001083

1. Limited Liability Company's Name  
Beta Trading LC

**REINSTATEMENT 2000**

2. Principal Office Address <u>3850 N. 29 Terrace</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State <u>Hollywood, FL</u> Zip Country <u>33020 USA</u>		3. Mailing Office Address <u>3850 N. 29 Terrace</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State <u>Hollywood, FL</u> Zip Country <u>33020 USA</u>	
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4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>9/20/99</u>	
6. FEI Number <u>22-3688183</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Yosef HASSIN

Street Address (P.O. Box Number's Not Acceptable)  
3801 N. 44th Ave. Ave

Suite, Apt. #, Etc.

City Hollywood

State Zip Code  
FL 33021

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City State / Zip
<u>Pres.</u>	<u>Yosef HASSIN</u>	<u>3801-North 44 Ave</u>	<u>Hollywood, FL 33021</u>

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 11/30/00 Daytime Phone # (954) 3300

Typed or printed name of signing Managing Member/Manager: Yosef HASSIN