

L99000008475

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 18 PM 1:07

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L99000008475

PHOENIX TRADE, LLC

~~501 Caligula Ave.~~

~~Coral Gables, FL 33146~~

9/29/00

1a. Principal Place of Business Address

~~501 Caligula Ave.~~

~~Coral Gables, FL 33146~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address

2a. Principal Place of Business

1221 Brickell Ave Ste 900 1221 Brickell Ave Ste 900

3. Date Organized or Qualified  
12/07/1999

3a. State of Formation

Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Mark Hankins

c/o Mark Hankins

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

33131

4. FEI Number

☐ Applied For

☒ Not Applicable

5. Date of Last Report

None to Date

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Florida Incorporators, Inc.

1221 Brickell Ave.

Miami, FL 33131

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

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

By: *Mark Hankins*

Mark Hankins, President

Date 4/29/01

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGR Machacek, Zbynek

ONDROUSKOVA 7

Brno, Czech Republic

Penalty \$100.00  
2000 50  
2001 60

\$200.00

500004341585--5

-06/05/01 -01030--010

\*\*\*\*200.00 \*\*\*\*200.00

REINSTATEMENT 2000-01

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

*Machacek*

Date 4/29/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Machacek, Zbynek