

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA00000000151

1. Limited Liability Company's Name

On-Site Trading, LLC

300004717619--4

-12/11/01--01004--021

****150.00 ****150.00

2. Principal Office Address

40 Wall Street

Suite, Apt. #, etc.

28th FLOOR

City & State

New York, NY

Zip

10005

Country

USA

3. Mailing Office Address

40 Wall Street

Suite, Apt. #, etc.

28th FLOOR

City & State

New York NY

Zip

10005

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

9/1996

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth Wayne Steppings

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

933 SE 10th Street

Suite, Apt. #, Etc.

4D

City

Deerfield Beach

State

FL

Zip Code

33441

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

Kenneth Wayne Steppings

REGISTERED AGENT MUST SIGN

Date 11.13.01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Mr Kenneth Wayne Steppings 933 SE 10th Street Deerfield Bch, FL 33441

REINSTATEMENT

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

Kenneth Wayne Steppings

Date

Daytime Phone # 561-447-9305

Typed or printed name of signing Managing Member/Manager

Kenneth Wayne Steppings

CR2E041 (9/01)