

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
JIM SHIMM, Secretary of State  
BUREAU OF CORPORATIONS

M01000000258

FILED  
02 NOV 22 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000258

Name and Mailing Address

0007091 01 FP 0.352 \*\*PRSRT T2 0 0615 20015-201590



T-REX BROKERAGE LLC  
C/O T-REX TECHNOLOGY CENTERS, LLC  
5301 WISCONSIN AVE., N.W., STE. 740  
WASHINGTON DC 20015-2015

600008828726  
11/06/02--01063--012 \*\*155.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

02/01/2001

Principal Place of Business

C/O T-REX TECHNOLOGY CENTERS, LLC

5301 WISCONSIN AVE., N.W., STE. 740  
WASHINGTON DC 20015

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

NOT APPLICABLE

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

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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

Alison Harris, asst secy  
REGISTERED AGENT MUST SIGN

Date

11/21/02

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
MGRM	PREMINGER, CLIFFORD J	5301 WISCONSIN AVE., N.W., STE. 740	WASHINGTON DC 20015
MGRM	MULROY, THOMAS M	5301 WISCONSIN AVE., N.W., STE. 740	WASHINGTON DC 20015
MGRM	STAVOLA, JOAN	5000 T-REX AVE., STE. 100	BOCA RATON FL 33431

REINSTATEMENT 2002

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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

Joan Stavola

Date

10/24/02

Daytime Phone #

561-997-1111

Typed or printed name of signing Managing Member/Manager

JOAN STAVOLA

CR2E084 (8/02)