

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 DEC -2 PM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000003905

1. Limited Liability Company's Name

HAIER AMERICA TRADING LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1800 VALLEY ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1800 VALLEY ROAD

Suite, Apt. #, etc.

City & State

WAYNE, NJ

City & State

WAYNE, NJ

Zip

07470

Country

USA

Zip

07470

Country

USA

4. State/Country of Formation

NEW YORK

5. Date Organized or Qualified
To Do Business in Florida

11/05/2003

6. FEI Number

11-3465817

☐ 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

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

000267032150
12/02/14--01026--003 **1626.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Harry B. Davis
REGISTERED AGENT MUST SIGN

Harry B. Davis
Asst. Vice President

Date 10/27/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	HAIER AMERICA HOLDING CORP.	1800 VALLEY ROAD	WAYNE, NJ 07470

REINSTATEMENT

2004-2014

DEC 2-2014

11. E-mail Address. PCOLONNA@HAIERAMERICA.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Michelangelo Troisi

Date 10-16-2014

Daytime Phone # 973-617-1800

Typed or printed name of signing Authorized Representative/Manager

MICHELANGELO TROISI, V.P. & GENERAL COUNSEL



October 21, 2014

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed a completed Foreign Limited Liability Company Reinstatement Form and a check for \$1,626.25. Any correspondence regarding this application can be mailed to the address below. If there are any questions regarding this filing please contact Paul Colonna at 973-617-1800.

Haier America Trading, LLC
1800 Valley Road
Wayne, NJ 07470

Sincerely,

A handwritten signature in black ink that reads "Paul F. Colonna".

Paul Colonna
Senior Counsel