PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLEASE READ	ALL INSTRUCTIONS	BEI ONE COMI EL I	ING THIS FOLIW.	
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMEN Katherine Har Secretary of State DIVISION OF CORPORA	ris ate	FILED SECRETARY OF STATE VISION OF CORPORATIONS O NOV -6 PM 1: 02	
DOCUMENT # MAQ - 884			^	
1. Limited Liability Company's Name				
= 1 1 · To > 0 6 10 0 //(110	Λ	
Electionic Trading Gloup, LLC			U	
9			REINSTATEMENT 2000	
2. Principal Office Address	ce Address 3. Mailing Office Address			
III Broadway	Sway Same		4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		7 11:00:5	
318 Floor		5. Date Orga	anized or Qualified siness in Florida 9/20/96	
City & State	City & State	10 00 80		
New folk, N.Y.		6. FEI Numb	204 2646	
Zip Country	Zip Country		ALL ASSOCIATION CO.	
10006			E OF STATUS DESIRED 55.00 Additional Fee required to a Certificate of Status	
8. Name and Address of Current Registered Agent				
Name Name	O. Name and Address of		<u> </u>	
ANDREW (-MUBER -11/16/0001001015				
Street Address (P.O. Box Number is Not Acceptable) ******* プリ・リジ ***********************************				
505 S. FLAGLER DRIVE				
Suite, Apt. #, Etc.				
City State Zip Code				
WEST PALM BEACH, FL State Zip Code FL 33401				
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			Date [[[DD	
	EGISTENED AGENT MUST SIGN	A MATERIAL PROPERTY OF THE PRO	The state of the s	
10. Names and Street Addresses of Managing Me	mbers/Montgers			
Titles Name of Managing Members/Managing Members/Members/Managing Members/Managing Members/Members/Managing Members/Managing Members/Managing Members/Managing Members/Managing		eet Address of Each ging Member/Manager	City / State / Zip	
CED ROBERT KAN	ITER III BR	DADW AY	NEW YOKK, NY 1000	
<u>.</u>				
*				
filing this reinstatement application the reason for	or dissolution has been eliminated, the	limited liability company name satisfi d on this application is true and accu	ded for in chapter 608, F.S. I further certify that when ies the requirements of section 608.406, F.S., and that trate, and my signature shall have the same legal effect	
Signature of Managing Member/Manager Date 16/31/8 Daytime Phone # 212-346-7373				
Typed or printed name of signing Managing Member/Manager ROBERT KANTER				
Typed or printed name of signing Managing Member/Manager				