

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

00 DEC 18 AM 11:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

zf

DOCUMENT #

MA99-332

1. Limited Liability Company's Name

TRADERSEDGE.NET, LLC

REINSTATEMENT 2000

2. Principal Office Address

50 BROAD ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17th FLOOR

SAME

City & State

City & State

NEW YORK, NY

SAME

Zip

Country

Zip

Country

10004

USA

SAME →

4. State/Country of Formation

NY

5. Date Organized or Qualified To Do Business in Florida

3/1/99

6. FEI Number

134 011688

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

RONALD DAVIDOVIC, ESQ

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

1020 NW 163rd DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33169

788883518937-3
-12/21/00 -01033-011
*****150.00 ****150.00*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/29/00

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
<i>MEMR</i>	<i>GEORGE WEST</i>	<i>50 BROAD ST, 17th FL</i>	<i>NEW YORK, NY 10004</i>

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

[Signature]

Date

11/29/00

Daytime Phone #

212-378-4000

Typed or printed name of signing Managing Member/Manager

GEORGE WEST

CR2E041 (9/99)