## 2008 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P03000030119  |  |                                 |                               |           | 124700                                  | LIJ \                           |  |
|--|--|---------------------------------|-------------------------------|-----------|---|---------------------------------|--|
| 1. Entity Name   |  |                                 |                               |           | 00 100 10 0                             | w 1 . O !                       |  |
| DIME TRADING, INC.   |  |                                 |                               |           | 08 APR 10 P                             | ff 4: 21 .                      |  |
|  |  |                                 |                               | 1 23      | GEORETARY OF STATE TALLAHASSEE, FLORIDA |                                 |  |
| Principal Place of Business Mailing Address  |  |                                 |                               |           | TÄLLAHASSEE                             | FLÖRIÐA                         |  |
| 14231 NW 18TH MANOR 14231 NW 18TH MANOR  |  |                                 |                               |           | ,                                       |                                 |  |
| PEMBROKE PINES, FL 33028 PEMBROKE NW 18TH MANOR, FL 33028  |  |                                 |                               |           |   |                                 |  |
|  |  |                                 |                               |           |   |                                 |  |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  |  |                                 |                               |           |   |                                 |  |
| 12944 NW 21 41/20T   Suite, Apt. #, etc.   |  |                                 |                               |           |   |                                 |  |
|  |  |                                 |                               |           | 03232008 REIN-P (                       | CR2E098 (1/07)                  |  |
| Gity & Stat  | nl. P. 0 E1                                    | City & State                    | City & State                  |           | 4. FEI Number                           | Applied For                     |  |
| Zip Country  |  | Zip                             | Zip Country                   |           | 30-0164949                              | Not Applicable 88.75 Additional |  |
| 3302   | 18   |                                 | ,                             |           | 5. Certificate of Status Desired        | Fee Required                    |  |
|  | 6. Name and Address of Current                 | Registered Agent                | Name                          |           | 7. Name and Address of New Regist       | ered Agent                      |  |
| ZORRILLA, DELSY  |  |                                 |                               |           |   |                                 |  |
| 14231 NW 18TH MANOR  |  |                                 |                               |           | P.O. Box Number is Not Acceptable)      |                                 |  |
| PEMBROKE PINES, FL 33028   |  |                                 |                               |           | 1944 NW 21 Street                       |                                 |  |
|  |  |                                 |                               | City Code |   |                                 |  |
| 9. The above   | a named ontity submits this statement for      | r the purpose of above is a ite |                               | E MIO     |   | 100000                          |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |                                 |                               |           |   |                                 |  |
| SRSNATURE  |  |                                 |                               |           |   |                                 |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE   |  |                                 |                               |           |   |                                 |  |
| 16 10 10 10 10 10 10 10 10 10 10 10 10 10  |  |                                 |                               |           |   |                                 |  |
| FILE NOW!!! FEE IS \$300.00 · In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |                                 |                               |           |   |                                 |  |
| 10.  | OFFICERS AND                                   | DIRECTORS                       | 11.                           |           | ADDITIONS/CHANGES TO OFFICERS           | S AND DIRECTORS IN 11           |  |
| TITLE  | PD   | ☐ Delete                        | TITLE                         |           |   | . 🖸 Change 🗌 Addition           |  |
| NAME<br>STREET ADDRESS   | ZORRILLA, DELSY<br>14231 NW 18 TH MANOR        |                                 | NAME<br>STREET ADDRESS        | 129       | 44 NW 21 Stree                          | -                               |  |
| CITY-S1-ZIP  | PEMBROKE PINES, FL 33028                       |                                 | CITY-ST-ZIP                   | 1         | nbroke Pines, FL                        | 33028                           |  |
| TILLE  | VD   | ☐ Delete                        | TITLE                         |           |   | Change Addition                 |  |
| NAME<br>STREET ADDRESS   | ZORRILLA, IVAN                                 |                                 | NAME<br>ATTEST ADDRESS        | . 20.     | 44 NW 21 Street                         | }                               |  |
| CITY-\$1-ZIP   | 14231NW 18TH MANOR<br>PEMBROKE PINES, FL 33028 |                                 | STREET ADDRESS<br>CITY-ST-ZIP | Den'      | ibroke Pines, FL                        | 33028                           |  |
| TITLE  |  | ☐ Delete                        | TITLE                         | 100       | 1010                                    | ☐ Change ☐ Addition             |  |
| NAME   |  |                                 | NAME                          |           |   |                                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | _ v.                            | STREET ADDRESS CITY-ST-ZIP    |           |   | -                               |  |
| TITLE  |  | □ Delete □                      | TITLE                         | + -       |   | ☐ Change ☐ Addition             |  |
| NAME   |  | $X \wedge \sim$                 | NAME                          |           | 700100                                  |                                 |  |
| STREET ADDRESS CITY-ST-ZIP   | - OFFISE                                       | NT() / UU                       | STREET ADDRESS<br>CITY-ST-ZIP |           | <b>7001</b> 234<br>04/15/0801003        | 023 **300.00                    |  |
| TITLE  | REINSTATEME                                    | ☐ Delete                        | TITLE                         |           |   | Change Addition                 |  |
| NAME   | HPIIAG.  | □ Del¢ite                       | NAME                          |           |   | C overige C verifier            |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |                                 | STREET ADORESS                |           |   |                                 |  |
| TITLE  |  | ☐ Daleta                        | CITY-\$1-ZIP                  |           | , <u></u>                               | Change                          |  |
| NAME   |  | ∟Ì Delete                       | NAME                          |           |   | ☐ Change ☐ Addition             |  |
| STREET ADDRESS   |  |                                 | STREET ADDRESS                |           | ·                                       |                                 |  |
| CITY-ST-ZIP  | portify that the information as all and the    | this files days                 | CITY-ST-ZIP                   |           | Lie Observe 440 Flexible Control        |                                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |  |                                 |                               |           |   |                                 |  |
| changed, or on an attachment with an address, with all other like empowered.   |  |                                 |                               |           |   |                                 |  |
| SIGNATURE: 1 Heart Delsy Zorrilla 04/03/08   |  |                                 |                               |           |   |                                 |  |
| SIGNATURE: TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devision Priorie #  |  |                                 |                               |           |   |                                 |  |
| L  |  |                                 |                               |           |   |                                 |  |

