2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V53701

Entity Name: LYCF TRADING COMPANY, INC.

FILED Mar 12, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1100 PONCE DE LEON BLVD 4475 US HWY 1 SOUTH CORAL GABLES, FL 33134

STE# 101

SAINT AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

1100 PONCE DE LEON BLVD 4475 US HWY 1 SOUTH

CORAL GABLES, FL 33134 STE# 101

SAINT AUGUSTINE, FL 32086 US

FEI Number: 46-5060133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HELLMAN, MAYNARD J. MIKE DE BRIE CO 1100 PONCE DE LEON BLVD 4475 US HWY 1 SOUTH

CORAL GABLES, FL 33134 US STE# 101 SAINT AUGUSTINE, FL 32086 US

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.

SIGNATURE: MIKE DE BRIE CO. 03/12/2014

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

CAMBRIA, SONJA H Name:

4475 US HWY 1 SOUTH, STE# 101 Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title:

Name: SCHUSTER, ULRICH WERNER G 395 RUE DES ALISMAS Address: LAVAL, QC H7X 4H5 CA City-St-Zip:

Title: CFO

CAMBRIA, PAUL Name:

4475 US HWY 1 SOUTH, STE# 101 Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: TD

CAMBRIA, NEBI Name:

4475 US HWY 1 SOUTH, STE# 101 Address: City-St-Zip: SAINT AUGUSTINE, FL 32086 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VΡ SIGNATURE: ULRICH SCHUSTER 03/12/2014