

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000090835

**FILED**  
**Oct 18, 2007**  
**Secretary of State**

**Entity Name:** GLOBUS AVIATION USA, LLC

**Current Principal Place of Business:**

3785 NW 82 AVENUE  
SUITE 109  
MIAMI, FL 33166

**New Principal Place of Business:**

12565 ORANGE DRIVE  
DAVIE, FL 33330

**Current Mailing Address:**

3785 NW 82 AVENUE  
SUITE 109  
MIAMI, FL 33166

**New Mailing Address:**

12565 ORANGE DRIVE  
DAVIE, FL 33330

**FEI Number:** 02-0749264      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ARCAACCOUNTING & BUSINESS SOLUTIONS, INC.  
3785 NW 82 AVENUE  
SUITE 109  
MIAMI, FL 33166 US

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

DIROCCOCPA.COM  
6601 NW 14TH STREET  
SUITE 3  
PLANTATION, FL 33313 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: RAYMOND DIROCCO

10/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEIDAR, GAVRIEL  
Address: 3785 NW 82 AVENUE SUITE 109  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GAVRIEL MEIDAR

MGRM

10/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date