

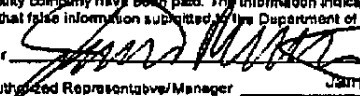


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
**14 JUN 12 PM 12: 02**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Limited Liability Company's Name <b>L09000008247</b> <b>Global Infrastructure LLC</b>			
2. Principal Office Address - No P.O. Box # <b>565 E. Hillsboro Blvd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>308 Industrial Drive</b> Suite, Apt. #, etc.	
City & State <b>Deerfield Beach FL</b>		City & State <b>Griffith, IN</b>	
Zip <b>33441</b>	Country <b>USA</b>	Zip <b>56413</b>	Country <b>USA</b>
4. State/Country of Formation <b>Florida</b>		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>26-4120287</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
Suite, Apt. #, Etc. <b>Plantation, FL 33324</b>			
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  <b>Jordan Brown, Assistant Secretary</b> <b>CT Corporation System</b>			
		Date <b>06/12/2014</b>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles <b>Manager</b>	Name of Authorized Representative/Manager <b>James Rolette</b>	Street Address of Each Authorized Representative/Manager <b>308 Industrial Drive</b>	City / State / Zip <b>Griffith, IN 46319</b>
<b>REINSTATEMENT</b>			
<b>JUN 12 2014</b>			
<b>R. HUNT</b>			
11. E-mail Address: <b>jrolette@globalinfrastructure.com</b> <small>(To be used for future annual report notifications)</small>			
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date <b>June 9th, 2014</b>	Daytime Phone # <b>219-924-8755</b>
Typed or printed name of signing Authorized Representative/Manager <b>James Rolette, Manager</b>			

Division of Corporations

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Florida Department of State  
Division of Corporations  
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*File Reinstatement  
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LIMITED LIABILITY REINSTATEMENT  
GLOBAL INFRASTRUCTURE LLC

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JUN 12 2014

R. HUNT

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