PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT 21 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L10000084500

1. Limited Liability Company's Name

The Global Banking Solutions Group LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
135 West 29th Street		135 West 29th STreet	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1102		Suite 1102	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10001	U.S.A	10001	U.S.A.

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 8/12/2010

6. FEI Number: 27-3235673 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City	State	Zip Code
Tallahassee	FL	32301

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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: Rosemarie Pagliardino Date: 10/13/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	417 Holdings LLC (sole member, Adam Coleman)	135 West 29th Street, Suite 1102	New York, NY 10001

11. E-mail Address: meghan.dressler@thepgcgroup.com
(To be used for future annual report notifications)

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: A.L. Coleman Date: 10/13/14 Daytime Phone #: 646-490-3600

Typed or printed name of signing Authorized Representative/Manager: Adam L. Coleman