


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 SEP 18 AM 2:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

DOCUMENT # L12000011537

1. Limited Liability Company's Name:
GBC INTERNACIONAL, LLC

600415912196

09/18/23--01014--015 ++\$16.25

2. Principal Office Address - No P.O. Box # 587 E SAMPLE RD		3. Mailing Office Address 587 E SAMPLE RD	
Suite, Apt #, etc SUITE 650		Suite, Apt #, etc SUITE 650	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country US	Zip 33064	Country US

CR2E041 (1/14)

4. State/Country of Formation FLORIDA - US	
5. Date Organized or Qualified To Do Business in Florida 01/25/2012	
6. FEI Number 45-4352095	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
CRISTIANO DE LIMA

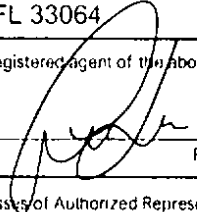
Street Address (P.O. Box Number is Not Acceptable) Suite
587 E SAMPLE RD

Apt #, Etc
SUITE 650

City POMPANO BEACH FL 33064	State FL	Zip Code 33064
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REINSTATEMENT
2021-2023

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  Date 09/07/2023

REGISTERED AGENT MUST SIGN

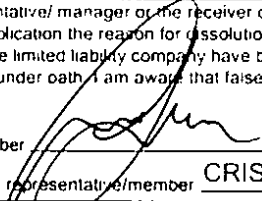
10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	CRISTIANO DE LIMA	587 E SAMPLE RD SUITE 650	POMPANO BEACH, FL 33064

RECEIVED
SEP 14 2023

11. E-mail Address: USATAX@USATAXFL.COM (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date 09/07/2023 Daytime Phone # 954-788-181

Typed or printed name of signing authorized representative/member CRISTIANO DE LIMA

SEP 18 2023
AM 2:50
J-AMTB