## FLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT OF STATE DIVISION OF CORPORATIONS							FILED  03 NOV -3 AM 8:00  SECRETARY OF STATE			
DOCUMENT # L0100006731  1. Limited Liability Company's Name							TALL	AHASSEE, FLORII	A'C	
2. Principa	NW 72N		/ESTMENTS, LLC  3. Mailing Office Address 5503 NW 72ND AVENUE Suite, Apt. #, etc.  City & State MIAMI			200124372472 11/03/03-01033-005 **50.00 4. State/Country of Formation FL / MIAMI-DADE  5. Date Organized or Qualified - To De Business in Florida, - MAY-1; 2001 - Applied For Not Applicable				
) '		Country MIAMI-DADE	<sup>Zip</sup> 33166-4205		Country MIAMI-DADE	7.				
8. Name and Address of Current Registered Agent										
Name BURAK EYILIK										
	Street Address (P.O. Box Number is Not Acceptable) 5503 NW 72ND AVENUE									
	Suite, Apt, #, Etc.						·			
	City MIAMI							State Zip Code FL 33166-4205		
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.										
Signature of Registered	RE	GISTERED AGE	Date Date							
10. Names and Street Addresses of Managing Members/Managers										
Titles	Titles Name of Managing Members/Manager			Street Address of Eacl rs Managing Member/Mana			er City / State / Zip			
4	BURAK EYILIK			5503 NW 72ND AVENUE			MIAMI / FL / 33166-4205			
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11. I certify that I am managing member/manager or the receiver of trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608,406, 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.										
Signature of Managing Member/Manager Scenableyell Date 10/79/03 Daytime Phone # 786-337-6640										
Typed or printed name of signing Managing Member/Manager BURAK EYILIK										

## GLOBAL TRADING & INVESTMENTS 5503 N. W. 72<sup>ND</sup> AVENUE MIAMI, FL 33166-4205

October 28, 2003

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam

## RE: FAILURE TO RECEIVE ANNUAL REPORT RENEWAL NOTICE

We are submitting the following documents to reinstate our company, Global Trading and Investments, LLC.

The company had a change of address and as such, we did not receive the annual report renewal notification from the Florida Department of State. As such, we would like to request for the reinstatement fee to be waived. Please accept the \$50.00 enclosed as the renewal fee for Global Trading and Investments, LLC.

Please also note our new address at 5503 N.W. 72<sup>nd</sup> Ave, Miami, FL 33166.

Thank you very much for your kind understanding and assistance in this matter.

Yours truly,

BURAK EYIL**A** 

Member

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