

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 21 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT** **FLORIDA DEPARTMENT OF STATE**

**DOCUMENT #** L00000005019

**1. Limited Liability Company's Name**  
eGlobal Strategies LLC

**2. Principal Office Address**  
1622 So Orlando Ave  
Suite, Apt. #, etc.  
City & State  
Maitland FL  
Zip  
32751 Country  
US

**3. Mailing Office Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified To Do Business in Florida**  
5/2/00

**6. FEI Number**  
59 364 2613

**7. CERTIFICATE OF STATUS DESIRED** ☐ **\$5.00 Additional Fee required for a Certificate of Status**

Applied For  
Not Applicable

**8. Name and Address of Current Registered Agent**

Name  
Ana Telleria

Street Address (P.O. Box Number is Not Acceptable)  
1622 So Orlando Ave  
Suite, Apt. #, Etc.  
City  
Maitland

State  
FL

Zip Code  
32751

500009147005  
11/21/02--01042--004 \*\*15.00

**9. I, 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 Agent \_\_\_\_\_ Date 11/18/02

REGISTERED AGENT MUST SIGN,

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Lillian T Myers	same as above	
Mgr	Ana Telleria		
Mgr	Sanford Carr		

**11. I certify that I am managing member/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 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 \_\_\_\_\_ Date 11/18/02 Daytime Phone # 407 949 0650

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

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CR2E041 (9/01)