

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

100000006532

1. Limited Liability Company's Name

Global Risk Intermediary

500006951195--9
-08/07/02--01064--016
****200.00 ****200.00

2. Principal Office Address

25 University Dr.

Suite, Apt. #, etc.

330

City & State

Plantation FL

Zip

33324

Country

USA

3. Mailing Office Address

25 University Dr.

Suite, Apt. #, etc.

330

City & State

Plantation FL

Zip

33324

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified

To Do Business in Florida May 2000

6. FEI Number

59-3647438

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

Yasmine Mathieu

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

25 University Drive

Suite, Apt. #, Etc.

Suite 330

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

Date

7-30-02

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
more	Yasmine Mathieu	25 University Drive	Plantation FL 33324

REINSTATEMENT

[Signature]

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

[Signature]

Date

7-30-02

Daytime Phone #

954-382-4044

Typed or printed name of signing Managing Member/Manager

Yasmine Mathieu

CR2E041 (9/01)