

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT -3 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500136439085
12/08--01062--013 **521.25

REINSTATEMENT 06-08
CR2E041. (10/08)

DOCUMENT # L00000006532
1. Limited Liability Company's Name
Global Risk Intermediary

2. Principal Office Address - No P.O. Box #
17200 Chenal Pkwy → Same as
Suite, Apt. #, etc.
Suite 300, # 332 → Same as
City & State
Little Rock, AR → Same as
Zip
72223 Country
USA

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

1999

6. FEI Number

593647438

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
Jasmine Mathieu
Street Address (P.O. Box Number is Not Acceptable)
318 Indian Trace, Suite
Suite, Apt. #, Etc.
Weston, FL 33326
City
Weston, FL State
FL Zip Code
33326

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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]
REGISTERED AGENT MUST SIGN

Date 9/2/08

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
<u>President</u>	<u>Jasmine Mathieu</u>	<u>39 Bellegade Dr</u>	<u>Little Rock, AR</u>
<u>mgr</u>	<u>Jasmine Mathieu</u>	<u>39 Bellegade Dr</u>	<u>72223</u>

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 9/2/08

Daytime Phone # 954684-8251

Typed or printed name of signing Managing Member/Manager