APPLICATION FOR REINSTATEMENT

L00000006584

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

AND FILED

02 NOV -7 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000006584

Name and Mailing Address

0002377 01 FP 0.352 **PRSRT T8 0 0615 33154-161201

M.O. GLOBAL, L.L.C.
10170 COLLINS AVE., #01
BAL HAARBOUR ISLAND FL 33154-1612

REINSTATEMENT 1002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/06/2000

Principal Place of Business: 10170 COLLINS AVE., #01, BAL HAARBOUR ISLAND FL 33154

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 65-1014789 ☐ 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

TRULLENQUE, ANTHONY L ESQ
7098 BONITA DRIVE
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name: Anthony L. Trullenque, Esq.

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

City: FL Zip Code

10. 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 11-05-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PV	ORDONEZ, MAURICIO	10170 COLLINS AVE APT 1	BAY HORBOUR ISLAND FL 33154
SD	UMANA, MARIA A	10170 COLLINS AVE APT 1	BAL HARBOUR ISLAND FL 33154
TD	CARDENAS, CESAR AGUSTO	10170 COLLINS AVE APT 1	BAY HARBOUR ISLAND FL 33154

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12. 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 11-05-02 Daytime Phone # (305) 371-5572

Typed or printed name of signing Managing Member/Manager