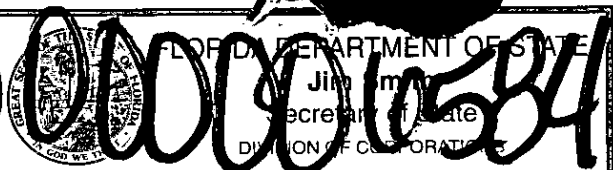


APPLICATION FOR REINSTATEMENT



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 TB 0 0615 33154-161201
M.O. GLOBAL, L.L.C.
10170 COLLINS AVE., #01
BAL HAARBOR ISLAND FL 33154-1612

REINSTATEMENT 2002



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/06/2000	
Principal Place of Business 10170 COLLINS AVE., #01 BAL HAARBOR 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 HARBOR ISLAND FL 33154
SO	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
			300008875283 11/07/02--01078--004 **155.00

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 # (306) 371-5572

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)