

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State.
DIVISION OF CORPORATIONS

DOCUMENT # L00000010022

1. Limited Liability Company's Name

GLOBAL FX ENTERPRISES, LLC

2. Principal Office Address

2141 N. UNIVERSITY DR.

3. Mailing Office Address

2141 N. UNIVERSITY DR

Suite, Apt. #, etc.

#208

Suite, Apt. #, etc.

#208

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

03 OCT 28 AM 9:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200019679812

10/30/03- 01023--020 **145.00

10/28 2002-2003

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/21/2000

6. FEI Number

651033773

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

FRASER SIMPSON

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

2141 N. UNIVERSITY

Suite, Apt. #, Etc.

#208

City

CORAL SPRINGS,

State

FL

Zip Code

33071

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 9-29-03

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 | XIMENA SIMPSON | 2141 N. UNIVERSITY DR #208 | CORAL SPRINGS, FL, 33071 |
| MGR | FRASER SIMPSON | 2141 N. UNIVERSITY DR #208 | CORAL SPRINGS, FL, 33071 |
| | | | 200019679812 |
| | | | 05/21/03 01051 005 |
| | | | \$55.00 |

REINSTATEMENT

2002-2003

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

Ximena Simpson

Date 9/29/03

Daytime Phone # 954-597-0959

Typed or printed name of signing Managing Member/Manager XIMENA SIMPSON

CR2E041 (10/02)