

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # L01000003715
Name and Mailing Address

0005402 01 FP 0.352 **PRSRT T7 0 0615 34102-655052
GLOBAL CAPITAL GROUP, L.L.C.
400 5TH AVENUE SOUTH, STE. 202
NAPLES FL 34102-6550

FILED
02 NOV 22 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/12/2001	
Principal Place of Business 400 5TH AVENUE SOUTH, STE. 202 NAPLES FL 34102	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3707754 Applied for <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KETTLE, R. TARY 400 5TH AVENUE SOUTH, STE. 202 NAPLES FL 34102	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] Date 11/18/02
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
Member	Robert Tary Kettle	400 5th Avenue South Naples, FL 34102-202	Naples FL 34102
Member	Murray Flood	400 5th Ave South #202 Naples, FL 34102	Naples FL 34102
500009160695 11/22/02--01022--011 **155.00			
REINSTATEMENT <u>02 sus</u> <u>alce</u>			

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 [Signature] Date 11/18/02 Daytime Phone # 941-434-2300
Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)