

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE



Division of Corporations

FILED

1. DOCUMENT # L01000005036

Name and Mailing Address

02 NOV -5 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000578 01 FP 0.352 **PRSRT T2 0 0615 32779-484742



GLOBAL SOURCE INVESTMENTS, LLC
242 SHADOWBAY BLVD.
LONGWOOD FL 32779-4847



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/02/2001

Principal Place of Business

242 SHADOWBAY BLVD.
LONGWOOD FL 32779

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

HARDING, ROBERT L ESQ.
20 N. EOLA DR.
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

C. Edward Pugh

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

242 SHADOWBAY BLVD S.

Longwood, FL 32779

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

C. Edward Pugh

REGISTERED AGENT MUST SIGN

Date

10/29/02

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
MGR	PUGHE, C. EDWARD	20 N. EOLA DR.	ORLANDO FL 32801

300008814143
11/05/02--01108--007 **150.00

REINSTATEMENT 2002

BK

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

C. Edward Pugh

Date

10/29/02

Daytime Phone#

(407) 830-8444

Typed or printed name of signing Managing Member/Manager

C. Edward Pugh

x14

CR2E084 (8/02)