

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAY -4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

5/4

DOCUMENT # L01000008685

1. Limited Liability Company's Name

INTEL-GLOBAL EXPORTERS

2. Principal Office Address

1152 MORVENWOOD RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

1152 MORVENWOOD RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

4. State/Country of Formation

FLORIDA, DUVAL

5. Date Organized or Qualified
To Do Business in Florida

31 MAY 01

6. FEI Number

59-373165B

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

KIMBERLY L. GARCIA

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

1152 MORVENWOOD ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

Kimberly L Garcia

REGISTERED AGENT MUST SIGN

Date 20 APRIL 04

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
P	KIMBERLY L. GARCIA	1152 MORVENWOOD RD	JACKSONVILLE, FL 32207

REINSTATEMENT 2003-2004

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 debts 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

Kimberly L Garcia

Date 20 APR 04

Daytime Phone # 904-306-0627

Typed or printed name of signing Managing Member/Manager

KIMBERLY L GARCIA