

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**L01000018790**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

**L01000018790**

1. Limited Liability Company's Name

GLOBAL CONSULTING & ADVISORY GROUP, LLC

10/4/02

FILED

03 JUL 22 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000021790858  
07/25/02-01067--015 \*\*200.00  
/ BK

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P. O. Box 69

Suite, Apt. #, etc.

City & State

Cortez, Florida

Zip

34215

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/31/2001

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**

Name

Capitol Corporate Services, Inc.

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

1333 North Duval St.

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code  
32303

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

*Cherry Roberts*

Date

7-21-2003

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	Clifford L. Brock, Trustee	P. O. Box 69	Cortez, Florida 34215

**REINSTATEMENT** 2002-2003

BK

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 now 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

*Clifford L. Brock, Trustee*

Date 07/18/03

Daytime Phone #

713-622-6400, ext. 18

Typed or printed name of signing Managing Member/Manager

Clifford L. Brock, Trustee

CR20041 (10/02)