


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC APPLICATION FOR REINSTATEMENT UBR	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
---	--

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

W
 12/27

02 DEC 19 AM 8:54

1. DOCUMENT # L01000021727

Name and Mailing Address

0000251 01 FP 0.352 **PRSRT T1 0 0615 33131-432925



GLOBAL TECHNOLOGIES INTERNATIONAL, LLC
 201 S. BISCAYNE BLVD., SUITE 1700
 MIAMI FL 33131-4329



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/14/2001	
Principal Place of Business 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ Date _____ 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
MEM	Stanley Melnick	4222 GLENHAVEN LN.	TAMPA, FLA. 33624

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 Stanley Melnick Date 12/13/02 Daytime Phone # 813-265-2184

Typed or printed name of signing Managing Member/Manager

STANLEY MELNICK

CR2E(84) (8/02)