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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — State — DIVISION OF CORPORATIONS

L02000005844

FILED

04 MAR -5 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005844

Name and Mailing Address

0005564 01 AT 0.292 **AUTO T2 3 0615 33076-281146

GLOBAL SOLUTIONS, L.L.C.
5646 N.W. 106TH AVE.
CORAL SPRINGS FL 33076-2811

2. New Mailing Address: P.O. Box 160824
City, State, Zip: Altamonte Springs. FL. 32716-0824

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 03/12/2002

Principal Place of Business: 521 BOXELDER AVENUE, ALTAMONTE SPRINGS FL 32714

3. New Principal Place of Business Address: 5646 N.W. 106th Av.
City, State, Zip: Coral Springs. FL 33076

6. FEI Number: 45 04 80 446 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

IRAZABAL, RAFAEL
2645 EXECUTIVE PARK DRIVE
WESTON FL 33331

9. Name and Address of New Registered Agent

Name: Eduardo Key
Street Address (P.O. Box Number is Not Acceptable): 5646 N.W. 106th Av.
City: Coral Springs. FL Zip Code: 33076

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 REQUIRED — REGISTERED AGENT MUST SIGN — Date: 2-17-04

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
MGRM	SUAREZ, RAFAEL	521 BOXELDER AVENUE	ALTAMONTE SPRINGS FL 32714
MGRM	KEY, EDUARDO	521 BOXELDER AVENUE	ALTAMONTE SPRINGS FL 32714
MGRM	SAAVEDRA, LUIS	521 BOXELDER AVENUE	ALTAMONTE SPRINGS FL 32714

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03/05/04--01010--029 **200.00

REINSTATEMENT 2003-2004

12. I certify that I am managing member/manager or the receiver, trustee, or other court-appointed fiduciary who is 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 REQUIRED — Date: 2-17-04 — Daytime Phone #: 407-619-7905

Typed or printed name of signing Managing Member/Manager