

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L0200010102

**1. Limited Liability Company's Name**

GLOBAL TRADING & MARKETING, LLC  
7089 VIA FIRENZA

**BOCA RATON FL 33433**

000028438110  
02/09/04--01062--010 \*\*200.00

**2. Principal Office Address**

7089 VIA FIRENZA

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

**3. Mailing Office Address**

7089 VIA FIRENZA

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33433

Country

USA

**4. State/Country of Formation**

FLA/USA

**5. Date Organized or Qualified  
To Do Business in Florida**

04/24/2002

**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

PHILIP CROYLE

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

2500 N. MILITARY TRAIL

Suite, Apt. #, Etc.

STE. 480

City

BOCA RATON

State

FL

Zip Code

33431-6342

**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

Date 2/3/04

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
man	CHRISTOPHER LAVIN	7089 VIA FIRENZA	BOCA RATON, FL 33433

REINSTATEMENT 03-04  
da

**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 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

Date

1-28-04

Daytime Phone # 561-393-0665

Typed or printed name of signing Managing Member/Manager CHRISTOPHER LAVIN

CR2E041 (10/02)