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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

GLOBAL SMALL BUSINESS SERVICES LLC

REINSTATEMENT

2003-  
2004

|                                                                                                                                                             |  |                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office Address<br>1000 BRICKELL AVENUE<br>Suite, Apt. #, etc.<br>SUITE 910<br>City & State<br>MIAMI, FLORIDA<br>Zip<br>33131<br>Country<br>USA |  | 3. Mailing Office Address<br>1000 BRICKELL AVENUE<br>Suite, Apt. #, etc.<br>SUITE 910<br>City & State<br>MIAMI, FLORIDA<br>Zip<br>33131<br>Country<br>USA |  | 4. State/Country of Formation<br>FLORIDA<br>5. Date Organized or Qualified<br>To Do Business in Florida<br>MAY 3, 2002<br>6. FEI Number<br>XXX<br>Applied For<br>Not Applicable<br>7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.00 Additional Fee required<br>for a Certificate of Status |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

8. Name and Address of Current Registered Agent

Name  
Nationscorp Registered Agents, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. Park Avenue,  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
32301

9. I, below appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 600, F.S.  
Signature of  
Registered Agent  
ABSON HAND, ASSOC  
Date  
1/28/04  
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

| Title | Name of<br>Managing Member/Manager | Street Address of Each<br>Managing Member/Manager | City / State / Zip         |
|-------|------------------------------------|---------------------------------------------------|----------------------------|
|       | BARRY SLOANE, MANAGER              | 462 SEVENTH AVE., 14th FL.                        | NEW YORK, NEW YORK 10018   |
|       | JEFFREY RUBIN, MANAGER             | 462 SEVENTH AVE., 14th FL.                        | NEW YORK, NEW YORK 10018   |
|       | GARY BECKER, MANAGER               | 9050 PINES BLVD., #450                            | PEMBROKE PINES, FL., 33024 |
|       | GREG ZINK, MANAGER                 | 2112 S. CONGRESS AVE., #202                       | WEST PALM BEACH, FL. 33406 |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 600, 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 600.400, 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  
JEFFREY RUBIN  
Date  
1/31/04  
Daytime Phone #  
516-390-2151  
Typed or printed name of signing Managing Member/Manager  
JEFFREY RUBIN

(H040000200263)

2052

Florida Department of State  
Division of Corporations  
Public Access System

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Account Number : 120030000043  
Phone : (800) 342-9856  
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LD-10078

## LIMITED LIABILITY REINSTATEMENT

## GLOBAL SMALL BUSINESS SERVICES LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
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