## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

2004 APR 16 AM 8: 28

DOCUMENT # L0200023757							TALLAHASSEE, FLORIDA		
1. Limited Liability									
JB Globa	al, LL	.C							
2. Principal Office	e Addres:	s	3. Mailing (	Office Addres	ss				
7801 NW 37 Street Suite, Apt. #, etc. Tranexco 105337			7801 NW 37 Street  Suite. Apt. #, etc. Tranexo 105337  City & State — Miami, FL			4. State/Country of Formation Florida  5. Date Organized or Qualified To Do Business in Florida  9/12/02  6. FEI Number Applied For Not Applicable			
		Tranex							
		'							
Zip 33166-655		Country JSA	zip 33166-	6559	Country USA	7	\$5.00	Additional Fee require a Certificate of Status	
			8.	Name and A	ddress of Current Re	gistered Agent		e- <del></del>	
Nan	me Ed	luardo R. Ari	sta,	<del></del>		05/1	<del>00035824</del> 0/0401089027	**201.00	
Stre	eet Addre	ess (P.O. Box Numbe	er is Not Acceptable)	2655 L	e Jeune Roa	d			
Suit	ite, Apt. #	5th Floo	or						
City	y Cor	al Gables					State Zip Code 33134		
				<u> </u>					
Signature of		registered agent of th	ne above naryer Hori	led liability co	ompany, am familiar wit	h and accept the obligat	ions of Chapter 608, F.S.	4	
• • • • • • • • • • • • • • • • • • • •		registered agent of th	REGISTERED			h and accept the obligat		4	
Signature of Registered Agent		ddresses of Managin	REGISTEREDA	GENT MUST	T SIGN		ions of Chapter 608, F.S.  Date 4/13/	4	
Signature of Registered Agent	I Street A		REGISTERED A	GENT MUST		of Each	ions of Chapter 608, F.S.	4 e / Zip	
Signature of Registered Agent  10. Names and Titles	I Street A	ddresses of Managin Name of Managing Members/ M	REGISTERED A	GENT MUST	T SIGN Street Address	of Each / Manager	ions of Chapter 608, F.S.  Date 4/13/	e / Zip	
Signature of Registered Agent  10. Names and Titles	Street A	ddresses of Managin Name of Managing Members/ M	REGISTERED A	GENT MUST	T SIGN Street Address Managing Member	of Each / Manager	ions of Chapter 608, F.S.  Date 4/13/  City / State	e / Zip	
Signature of Registered Agent  10. Names and Titles	Street A	ddresses of Managin Name of Managing Members/ M	REGISTERED A	GENT MUST	T SIGN Street Address Managing Member	of Each / Manager	ions of Chapter 608, F.S.  Date 4/13/  City / State	e / Zip	
Signature of Registered Agent  10. Names and Titles	Street A	ddresses of Managin Name of Managing Members/ M	REGISTERED A	GENT MUST	Street Address Managing Member	of Each /Manager anexco 105337	Date 4/13/ City / State	•	
Signature of Registered Agent  10. Names and Titles	Street A	ddresses of Managin Name of Managing Members/ M	REGISTERED A	GENT MUST	Street Address Managing Member	of Each /Manager anexco 105337	ions of Chapter 608, F.S.  Date 4/13/  City / State	•	
Signature of Registered Agent  10. Names and Titles  MGRM Jes	Street A	ddresses of Managin Name of Managing Members/ ManCO	REGISTERED A	7801 N	Street Address Managing Member	of Each /Manager anexco 105337	City / State  Miami, FL 33166	24 <sub>9</sub>	
Signature of Registered Agent  10. Names and Titles  MGRM Jes  11. Legrtify that	Street A	anaging member/man application the real limited liability company	REGISTERED A  Ing Members/Manage  Managers  Inager or the receiver	7801 N	Street Address Managing Member NW 37 Street, Tr	of Each Manager anexco 105337	Date 4/13/ City / State	ther certify that when so 8.406, F.S., and that	
Signature of Registered Agent  10. Names and Titles  MGRM Jes  11. I certify that fing this rein at fees ower	Street A  M  GUS Bla  I am ma  instatement by the lunder oa	Inaging member/man application the realimited liability compared.	REGISTERED A  Ing Members/Manage  Managers  Inager or the receiver	7801 N	Street Address Managing Member NW 37 Street, Tr	of Each / Manager anexco 105337  is application as provid y company name satisfication is true and accur	City / State  Miami, FL 33166  and the requirements of section of the requirements of the requiremen	ther certify that when so 8.406, F.S., and that	