

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

DOCUMENT # LO2000024533

1. Limited Liability Company's Name

Global Dimensions, LLC

800021547028
11/10/03--01011--009 **150.00

2. Principal Office Address

1862 Clinch Drive
Suite, Apt. #, etc.

3. Mailing Office Address

1417 Sadler Road,
Suite, Apt. #, etc.
Box #217

City & State

Fernandina Beach, FL

City & State

(FL) Fernandina Beach, FL

Zip

32034

Country

U.S.A.

Zip

32034

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

Sept. 19, 2002

6. FEI Number

81-0571118

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

Sandra Tavanis

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

1862 Clinch Drive

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

N/A

REGISTERED AGENT MUST SIGN

Date

11/3/03

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
<u>President, CEO (Manager)</u>	<u>Sandra Tavanis</u>	<u>1862 Clinch Dr. (Fernandina Beach, FL 32034)</u>	<u>Fernandina Beach, FL 32034</u>

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

[Signature]

Date

11/3/03

Daytime Phone #

904.277.7985

Typed or printed name of signing Managing Member/Manager

Sandra Tavanis

CR2E041 (10/02)