

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000015170

1. Limited Liability Company's Name

GLOBAL & ALTERNATIVE BROKERAGE SERVICES LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 5647 110TH AVENUE NORTH		3. Mailing Office Address 5647 110TH AVENUE NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL	
Zip 33411	Country US	Zip 33411	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 04/28/2003	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name A1A REGISTERED AGENT INC.			
Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVENUE NORTH			
Suite, Apt. #, Etc.			
City ROYAL PALM BEACH	State FL	Zip Code 33411	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Imafmaki

REGISTERED AGENT MUST SIGN

Date

12/8/2009

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
MGRM	CORNELL BRUXHAM LTD	15 RECTORY RD	FARNBOROUGH UK GU147BU

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12/11/09 --01049--008 **277.50

REINSTATEMENT 08, 09

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 2009-12-02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager CORNELL BRUXHAM LTD