2005 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000021529** 1. Entity Name 05 OCT 14 AM 10: 05 GLOBAL TRADERS, LLC Principal Place of Business Mailing Address 5379 LYONS ROAD 5379 LYONS ROAD COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 3. Mailing Address Box 880987 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 10102005 **REIN-LLC** CR2E101 (6/04) ty & State City & State 4. FEI Number Applied For RATON H)ccA 20-0042123 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONLON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5379 LYONS ROAD COCONUT CREEK, FL 33073 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent 10-10-05 red agent and title if applicable (NOTE: Registered Agent signature required when reinstati In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MURIA MGRM TITLE Change **B** Delete TITLE CONLON MICHTER CONLON, MICHAEL NAME NAME 33 PM 4206 4361 SW 10TH PLACE, #208 STREET ADDRESS STREET ADDRESS CCA DEERFIELD BEACH, FL 33442 CITY-ST-ZIP 33488 CITY-ST-ZIP TITLE MGRM TITLE Delete PAMELA GOODE, PAMELA NAME NAME WINSSON PK, Blud. N. # 102 STREET ADDRESS 5377 LYONS RD #143 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 33013 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 800060623378 STREET ADDRESS STREET ADDRESS 10/14/05--01049--015 **50.00 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted propowered to execute this report as required by Chapter 608, Florida Statutes. 10-10 08 5613023711

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE