


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 18 PM 2:12

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L03000021529																																	
1. Limited Liability Company's Name Global Tradens, LLC																																	
2. Principal Office Address - No P.O. Box # 15200 Jog Rd Suite, Apt. #, etc. B-8 City & State DELRAY BEACH, FL Zip 33446 Country USA		3. Mailing Office Address MICHAEL CONLON Suite, Apt. #, etc. PO Box 811551 City & State BOCA RATON FL Zip 33481- Country USA		<div>CR2E041 (1/07)</div> <table border="1"><tr><td colspan="2">4. State/Country of Formation FLORIDA / USA</td></tr><tr><td colspan="2">5. Date Organized or Qualified To Do Business in Florida 6/13/03</td></tr><tr><td>6. FEI Number 200042123</td><td><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status</td></tr></table>		4. State/Country of Formation FLORIDA / USA		5. Date Organized or Qualified To Do Business in Florida 6/13/03		6. FEI Number 200042123	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																					
4. State/Country of Formation FLORIDA / USA																																	
5. Date Organized or Qualified To Do Business in Florida 6/13/03																																	
6. FEI Number 200042123	<input type="checkbox"/> Applied For <input 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 MICHAEL CONLON Street Address (P.O. Box Number is Not Acceptable) 15200 Jog Road, FL Suite, Apt. #, Etc. SUITE B-8 City DELRAY BEACH State FL Zip Code 33446				<input checked="" type="checkbox"/> 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 _____ Date _____ REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MEM</td><td>MICHAEL CONLON</td><td>5533 Pacific Blvd</td><td>Boca Raton, FL 33433</td></tr><tr><td>MEM</td><td>PAMELA GOOD</td><td>5641 Winston Pl Blvd</td><td>Coconut Creek, FL 33073</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="3"> </td><td>700113183527 12/17/07--01010--013 **100.00</td></tr><tr><td colspan="4">REINSTATEMENT 2006-07</td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MEM	MICHAEL CONLON	5533 Pacific Blvd	Boca Raton, FL 33433	MEM	PAMELA GOOD	5641 Winston Pl Blvd	Coconut Creek, FL 33073												700113183527 12/17/07--01010--013 **100.00	REINSTATEMENT 2006-07			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																														
MEM	MICHAEL CONLON	5533 Pacific Blvd	Boca Raton, FL 33433																														
MEM	PAMELA GOOD	5641 Winston Pl Blvd	Coconut Creek, FL 33073																														
			700113183527 12/17/07--01010--013 **100.00																														
REINSTATEMENT 2006-07																																	
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 _____ Date 12/17/07 Daytime Phone # 561-496-7115 Typed or printed name of signing Managing Member/Manager MICHAEL CONLON																																	