L03000028381

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
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LIMITED LIABILITY REINSTATEMENT

INTERGLOBAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$300.00

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07 MAR -5 PM 3:33
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR -5 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000028381

1. Limited Liability Company's Name

INTERGLOBAL GROUP LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5805 BLUE LAGOON DR	
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33126 Country	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08/01/2003

6. FEI Number: 38-3685925 ☐ 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: AG CORPORATE SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 5805 BLUE LAGOON DRIVE

Suite, Apt. #, Etc.: 200

City: MIAMI State: FL Zip Code: 33126

☑ 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 605, F.S.

Signature of Registered Agent: Domingo Alonso Date: 3/01/07

REGISTERED AGENT MUST SIGN

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
MGR	JHONY G. ASLAN ZAKAR	5805 BLUE LAGOON DR STE 200	MIAMI, FL 33126
		REINSTATEMENT 04-07	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: 03/05/2007 Daytime Phone #: 305 448 3893

Typed or printed name of signing Managing Member/Manager: JHONNY ASLAN