

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1.04000020778

1. Limited Liability Company's Name

GLOBUS TRADING, L.L.C.

2. Principal Office Address - No P.O. Box #

20283 STATE ROAD 7

Suite, Apt. #, etc.

400

City & State

BOCA RATON, FL

Zip

33498

Country

3. Mailing Office Address

20283 STATE ROAD 7

Suite, Apt. #, etc.

400

City & State

BOCA RATON, FL

Zip

33498

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida **03/18/2004**

6. FEI Number

57-1163384

☐ 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

ALEX MILRUD

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

20283 STATE ROAD 7

Suite, Apt. #, Etc.

400

City

BACA RATON

State

FL

Zip Code

33498

☒ 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

REGISTERED AGENT MUST SIGN

Date

11/3/09

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
MBR	ALEX MILRUD	20283 STATE ROAD 7, STE 400	BOCA RATON, FL 33498

100162646311

11/03/09--01069--014 **555.00

REINSTATEMENT 06-09AL

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

11/3/09

Daytime Phone #

954-962-0011

Typed or printed name of signing Managing Member/Manager