

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL -9 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000021056

1. Limited Liability Company's Name

GLOBEX ENGINEERING INTERNATIONAL LLC
ENGINEERING MANAGEMENT COMPANY, LLC

700183140087
07/09/10--01041--005 **793.75

CR2E041 (05/10)

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

4902 NW 105 DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

Country

Zip

Country

33076

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

17 MAR 2004

6. FEI Number

20 2077203

☐ 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

NEIL WILLIAMS

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

4902 NW 105 DRIVE

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33076

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

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
MEM	NEIL WILLIAMS	4902 NW 105 DR	CORAL SPRINGS, FL 33076
MEM	DIANA WILLIAMS	4902 NW 105 DR	CORAL SPRINGS, FL 33076

REINSTATEMENT 06-10

DB

11. E-mail Address: nwilliams@iawison.com

(To be used for future annual report notifications)

12. 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 6 July 2010

Daytime Phone # 954 344-8699

Typed or printed name of signing Managing Member/Manager