

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000051221

FILED
Oct 21, 2009
Secretary of State

Entity Name: GLOBAL LINK & SUPPLIES L.L.C.

Current Principal Place of Business:

3301 NE 183 ST #803
AVENTURA, FL 33160

New Principal Place of Business:

3301 NE 183 ST
803
AVENTURA, FL 33160

Current Mailing Address:

3301 NE 183 ST #803
AVENTURA, FL 33160

New Mailing Address:

3301 NE 183 ST
803
AVENTURA, FL 33160

FEI Number: 51-0543940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, LUIS F
3301 NE 183RD ST #803
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GOMEZ, LUIS F
3301 NE 183RD ST
803
AVENTURA, FL 33180 US

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.

SIGNATURE: LUIS F GOMEZ

10/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOMEZ, LUIS F
Address: 200 LESLIE DRIVE # 214
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: ARROYAVE, SANDRA M
Address: 200 LESLIE DRIVE # 214
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOMEZ, LUIS F
Address: 3301 NE 183 ST # 803
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Change () Addition
Name: ARROYAVE, SANDRA M
Address: 3301 NE 183 ST # 803
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUIS F GOMEZ

MRG

10/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date