

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 MAY -6 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000207217750
05/05/11--01005--009 **377.50
CR2E041 (1/11)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000051958

1. Limited Liability Company's Name

GLOBAL AMERICAN GROUP, LLC

2. Principal Office Address - No P.O. Box #
1350 SW 175 WAY

Suite, Apt. #, etc.

3. Mailing Office Address
1350 SW 175 WAY

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip
33029

Country
USA

City & State
PEMBROKE PINES, FL

Zip
33029

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida **05/19/2005**

6. FEI Number
202844996

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
YUNUS ISMAIL

Street Address (P.O. Box Number is Not Acceptable)
1350 SW 175 WAY

Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33029

E-mail Address:

YUNICO@AOL.COM

(To be used for future annual report notices)

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

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MM	YUNUS ISMAIL	1350 SW 175 WAY	PEMBROKE PINES, FL 33029
M	AMIN MUHAMMAD	1350 SW 175 WAY	PEMBROKE PINES, FL 33029
M	WAQAS MALIK	1350 SW 175 WAY	PEMBROKE PINES, FL 33029
M	ANILA AMIN	1350 SW 175 WAY	PEMBROKE PINES, FL 33029

REINSTATEMENT

10-11 *AL*

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Yunus Ismail

Date **3-28-11**

Daytime Phone # **954-605-2937**

Typed or printed name of signing Managing Member/Manager **YUNUS ISMAIL**