

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000123050

Entity Name: GLOBFEX, LLC.

**FILED**  
**Oct 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

P.O.BOX 811671  
BOCA RATON, FL 33481

**New Principal Place of Business:**

7491 N. FEDERAL HWY, SUITE C-5 202  
BOCA RATON, FL 33487

**Current Mailing Address:**

P.O.BOX 811671  
BOCA RATON, FL 33481

**New Mailing Address:**

7491 N. FEDERAL HWY, SUITE C-5 202  
BOCA RATON, FL 33487

FEI Number: 20-4060712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BATASHVILI, DMITRY  
17150 N. BAY RD.  
2812  
SUNNY ISLES BEACH, FL, FL 33160 US

**Name and Address of New Registered Agent:**

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: DMITRY BATASHVILI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BATASHVILI, DMITRY  
Address: P.O. BOX 811671  
City-St-Zip: BOCA RATON, FL 33481

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BATASHVILI, DMITRY  
Address: 7491 N. FEDERAL HWY, SUITE C-5 202  
City-St-Zip: BOCA RATON, FL 33487

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: LILIA BEREZKINA

M

10/11/2007

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