

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000038715

1. Limited Liability Company's Name

GLOBAL DIMENSION CONSULTING, LLC

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

19108 WEST LAKE DRIVE

3. Mailing Office Address

19108 WEST LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33015

Country

MIAMI-DADE

Zip

33015

Country

MIAMI-DADE

4. State/Country of Formation

FLORIDA / MIAMI-DADE

5. Date Organized or Qualified
To Do Business in Florida

04/13/2006

6. FEI Number

204702254

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 WILLIAM L. BUDD

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

19108 WEST LAKE DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

☒ 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

[Signature]

Date 05/12/2010

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
MGR	WILLIAM L. BUDD	19108 WEST LAKE DRIVE	MIAMI-DADE, FL 33015

JB

REINSTATEMENT 2008-10

11. E-mail Address: drbillbudd@yahoo.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

05/12/2010

Daytime Phone #

786 218 0138

Typed or printed name of signing Managing Member/Manager