

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # 206 0000 40009

1. Limited Liability Company's Name

Global Connections LLC

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

1042 East Imperial Ave.

Suite, Apt. #, etc.

Apt. E

City & State

El Segundo, California

Zip

90245

Country

USA

3. Mailing Office Address

1042 East Imperial Ave.

Suite, Apt. #, etc.

Apt. E

City & State

El Segundo, California

Zip

90245

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 04/18/2006

6. FEI Number

204754440

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

Alan Dagen, c/o The Law Offices of Alan Dagen, P.A.

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

746 Heritage Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

☒ 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

Alan Dagen

Date Feb. 29, 2008

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
Coo	Denise A. Kassem	1042 E. IMPERIAL AVE #E	EL SEGUNDO, CA 90245
CEO	JOHN KASSEM	1042 E. IMPERIAL AVE #E	EL SEGUNDO, CA 90245

REINSTATEMENT 200120858517
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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.

Signature of
Managing Member/Manager

Denise Kassem

Date 3-17-08

Daytime Phone # 561-596-0805

Typed or printed name of signing Managing Member/Manager

DENISE KASSEM