

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

10 MAY -4 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200179454352
04/30/10--01056--005 **416.25

CR2E041 (11/09)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 06000109733

1. Limited Liability Company's Name

Global Glamour Home Furnishings, LLC

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

3179 Via Abitare Way
Suite, Apt. #, etc.

3. Mailing Office Address

3179 Via Abitare Way
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

Zip

33133

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

11/13/2006

6. FEI Number

56-2643371

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

Michael R Margulies

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

3179 Via Abitare Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

☒ 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]

REGISTERED AGENT MUST SIGN

Date 4/28/10

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
mgrm	Elissa Margulies	3179 Via Abitare Way	Miami, FL 33133
mgrm	Michael Margulies	3179 Via Abitare Way	Miami, FL 33133

REINSTATEMENT 08-10

[Signature]

11. E-mail Address: mross@physicianendorsed.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 4/28/10

Daytime Phone # 954-326-2710

Typed or printed name of signing Managing Member/Manager Michael Margulies