

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000023100

**FILED**  
**Oct 23, 2008**  
**Secretary of State**

**Entity Name:** DOSEN GLOBAL ENTERPRISES, LLC

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE  
SUITE O-205  
MIAMI, FL 33131

**New Principal Place of Business:**

2101 BRICKELL AVENUE  
#2306  
MIAMI, FL 33129

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
SUITE O-205  
MIAMI, FL 33131

**New Mailing Address:**

2101 BRICKELL AVENUE  
#2306  
MIAMI, FL 33129

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DOSEN, RYAN T  
520 BRICKELL KEY DRIVE  
SUITE O-205  
MIAMI, FL 33131 US

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

DOSEN, CHRISTOPHER B  
2101 BRICKELL AVENUE  
#2306  
MIAMI, FL 33129 US

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: /CHRISTOPHER B DOSEN/

10/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOSEN, CHRISTOPHER B  
Address: 2101 BRICKELL AVENUE #2306  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: /CHRISTOPHER B DOSEN/

MGRM

10/23/2008

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