Apr 23 10 05:12p Mark Shear 732-705-5040 p.1

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 27 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L07000045842

1. Limited Liability Company's Name
NEW GLOBAL COMMUNICATIONS LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
54 WOLCOTT AVE	3171 ROUTE 9 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	STE 325
City & State	City & State
STATEN ISLAND, NY	OLD BRIDGE, NJ
Zip / Country	Zip / Country
10312 / US	08857 / US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 5/1/07

6. FEI Number: 208953318 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST.

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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: Tracy Hanna A.V.P. Date: 4/23/10
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
MGRM	MARK SHEAR	54 WOLCOTT AVE	STATEN ISLAND NY 10312
MGRM	RICHARD KESSLER	1504 BAY RD	MIAMI BEACH FL 33139

L. SELLERS
APR 29 2010
EXAMINER

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04/27/10--01017--006 **521.25

11. E-mail Address: MARK@NEWGLOBALCOMLLC.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 608.408, 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: Mark Shear Date: 4/23/10 Daytime Phone #: 917-656-2463

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 08-10