

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L09000064999**

1. Limited Liability Company's Name

GLOBALCOM INTERNATIONAL LLC.

FILED
10 NOV 16 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600187826016
11/16/10--01045--014 **238.75

CR2E041 (05/10)

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

6385 COTTON TAIL RD

Suite, Apt. #, etc.

3. Mailing Office Address

6385 COTTON TAIL RD

Suite, Apt. #, etc.

City & State

MIAMI LAKES FL

Zip

33014

Country

DADE

City & State

MIAMI LAKES FL

Zip

33014

Country

DADE.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

09/24/2010

6. FEI Number

☐ 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

ROSANA VIVIANI

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

6385 COTTON TAIL RD.

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33014

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

11/12/10

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
MEMR	ROSANA VIVIANI	6385 COTTON TAIL RD	MIAMI LAKES FL 33014

REINSTATEMENT 2010

11. E-mail Address: **rosanaviviani@live.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

11/12/10

Daytime Phone #

786-887-6681