PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 19 AM 9:09

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800187880858

CR2E041 (05/10)

DOCUMENT # L09000111769

1. Limited Liability Company's Name

GLOBAL VALUE CHAIN CONSULTING, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
44 WHITE MARSH CIRCLE		44 WHITE MARSH CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ORLANDO FL		ORLANDO FL	
Zip	Country	Zip	Country
32824	USA	32824	USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 11/20/2009

6. FEI Number: 27-1364002 ☐ 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: CORPORATION SERVICE COMPANY

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

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32301

BK

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: Troy Todd as its agent Date: 11/19/10

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	RANDY JAYE	44 WHITE MARSH CIRCLE	ORLANDO, FL 32824

REINSTATEMENT 2010

11. E-mail Address: RANDYJAYE@GMAIL.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: Randy Jaye Date: 11-15-2010 Daytime Phone #: 407-497-5755

Typed or printed name of signing Managing Member/Manager: Randy Jaye

CORPORATION SERVICE COMPANY

L09000111769

ACCOUNT NO. : I20000000195

REFERENCE : 583254 7736532

AUTHORIZATION

COST LIMIT : $ 238.75

ORDER DATE : November 19, 2010

ORDER TIME : 2:14 PM

ORDER NO. : 583254-005

CUSTOMER NO: 7736532

DOMESTIC FILINGS

NAME: GLOBAL VALUE CHAIN CONSULTING, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS BK

RECEIVED
10 NOV 19 PM 4:15
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 NOV 19 AM 9:09
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