

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000084958

1. Limited Liability Company's Name
First Globe Financial LLC

2. Principal Office Address - No P.O. Box #
12361 SW 128th Ct

Suite, Apt. #, etc.
Unit 205

City & State
Miami, FL

Zip Country
33186 USA

3. Mailing Office Address
12361 SW 128th Ct

Suite, Apt. #, etc.
Unit 205

City & State
Miami, FL

Zip Country
33186 USA

8. Name and Address of Current Registered Agent

Name
Lewis R. Cohen, Esq

Street Address (P.O. Box Number is Not Acceptable) Suite,
11900 Biscayne Blvd.

Apt. #, Etc.
Suite 806

City State Zip Code
Miami FL 33181

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida **7-22-2011**

6. FEI Number **38-3850803** ☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **\$5.00 Additional Fee required for a certificate of status**

300292619783
11/23/16--01003--015 **243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date **11-21-16**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Floyd Barrett	12361 SW 128th Ct.	Miami, FL 33186
MGR	Linton Timajae White	12361 SW 128th Ct	Miami, FL 33186
MGR	Mahlon Sashakan Clarke	12361 SW 128th Ct.	Miami, FL 33186
MGR	First Union Financial Group LTD	13 Barbados Ave	Kingston, Jamaica 10

11. E-mail Address: **lewis.cohen@cohen-nicoleau.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date **11-21-16**

Daytime Phone # **305-722-5698**

Typed or printed name of signing authorized representative/member

Lewis R. Cohen Esq.