

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 FEB 25 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L12000160222**  
1. Limited Liability Company's Name  
**BOND FIRST STEP GLOBAL ENTERPRISES, LLC**

2. Principal Office Address - No P.O. Box # <b>9000 SHERIDAN STREET</b>		3. Mailing Office Address <b>9000 SHERIDAN STREET</b>	
Suite, Apt. #, etc. <b>SUITE 138</b>		Suite, Apt. #, etc. <b>SUITE 138</b>	
City & State <b>PEMBROKE PINES, FL</b>		City & State <b>PEMBROKE PINES, FL</b>	
Zip <b>33024</b>	Country <b>US</b>	Zip <b>33024</b>	Country <b>US</b>

CR2E041 (1/14)

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>12/26/2012</b>	
6. FEI Number <b>46-4589072</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name  
**JOSEPH S. SHOOK, ESQ**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**75 VALENCIA AVENUE**

Apt. #, Etc.  
**4TH FLOOR**

City <b>CORAL GABLES</b>	State <b>FL</b>	Zip Code <b>33134</b>
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02/25/16--01023--012 \*\*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 *Joseph S. Shook Esq* Date 2/24/16  
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
AMBR	GOLDEN CROWN ACTIVITIES INC	8740 NE 2 AVE	EL PORTAL, FL 33138

**REINSTATEMENT** **FEB 25 2016**  
**R. HUNT**

11. E-mail Address: dorcas@rcgaccountants.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 *Beatriz Diaz* Date 2/24/16 Daytime Phone # 954-862-2222  
Typed or printed name of signing authorized representative/member Beatriz Diaz