

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 30 PM 4:09



LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L16000094796**
1. Limited Liability Company's Name
1st Global Realty of Florida LLC

500320386435
10/30/18--01011--018 ++236.75

2. Principal Office Address - No P.O. Box #
340 S. BEACH ST
Suite Apt # etc
#120
City & State
DAYTONA BEACH
Zip Country
32114 USA

3. Mailing Office Address
City & State
Zip Country

CR2E041 (1/14)
4. State/Country of Formation
FLORIDA
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number EIN No. Applied For
81-2636612 Not Applicable
7. CERTIFICATE OF STATUS DESIRED \$3.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent
Name
MARISA GILLMAN-DENTON
Street Address (P.O. Box Number is Not Acceptable) Suite
5300 S. ATLANTIC AVE
Apt # Etc
APT 3303
City State Zip Code
NEW SMYRNA BEACH FL 32169

REINSTATEMENT
2018

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 *(Signature)* Date **10/22/18**
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
MEMBER			
AR	MARISA GILLMAN-DENTON	5300 S. ATLANTIC AVE #3303	NEW SMYRNA BEACH FL 32169
AR	JOHN BARRIE DENTON	5300 S. ATLANTIC AVE #3303	NEW SMYRNA BEACH FL 32169

11. E-mail Address **1stglobalrealtyofflorida@gmail.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 *(Signature)* Date _____ Daytime Phone # **386 957 4388**
Typed or printed name of signing authorized representative/member **MARISA GILLMAN-DENTON**