TITLE

NAME

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NAME

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CITY-ST-7/P

SIGNATUR

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Florida Department of State Attn: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

April 15, 02

Globus International L.C. P.O. Box 460306 Ft Lauderdale, Florida 33316

RE: Globus International L.C. Ref. Number: L96000000484

To Whom It May Concern:

Responding to your letter from April 4, 2002 we would like to inform you that our company moved to a new office in 1999. We've never received any invoices or any letters requesting us to pay any fees.

We were not aware about the payment.

Please take \$100.00 reinstatement fee away.

Thank you and best regards,

Alexander Gloukhovskoi