

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

L97
LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19 2000 8:00 am
Secretary of State

DOCUMENT # L97 0000000 63

1. Limited Liability Company's Name

Global Acquisition Partners, L.C.

TALLAHASSEE, FLORIDA

with
4/21

2. Principal Office Address

7919 3rd Ave So.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip
33707

Country

USA

3. Mailing Office Address

7919 3rd Ave So.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip
33707

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

Jan. 14
1997

6. FEI Number

12-3456456

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

Kenneth Keefe

Street Address (P.O. Box Number is Not Acceptable)

7919 3rd Avenue South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33707

000003222270-5

-04/25/00--01017--001

****200.00 ****200.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date March 1, 2000

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	Kenneth Keefe	7919 3rd Ave South	St. Petersburg, FL 33707
MGR	Chad Swanger	1656 162nd Street	Lawton, Iowa 57030

11. 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

[Signature]

Date 3-16-2000 Daytime Phone # 727-527-7955

Typed or printed name of signing Managing Member/Manager