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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L97000000569

1. Limited Liability Company's Name

GLOBAL SERVICE GROUP, L.C.

2000-2001

2. Principal Office Address	3. Mailing Office Address
6200 COURTNEY CAMPBELL CSWY	
Suite, Apt. #, etc.: SUITE 540	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33607 / Country: USA	Zip / Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/22/97

6. FEI Number: 59-3449538 ☐ 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: C.C. (CHIP) MORGAN, JR.

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*****200.00 *****200.00

Street Address (P.O. Box Number is Not Acceptable): 6200 COURTNEY CAMPBELL CSWY.

Suite, Apt. #, Etc.: SUITE 540

City: TAMPA | State: FL | Zip Code: 33607

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] Date: 5/7/01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	C.C. (CHIP) MORGAN, JR	128 ADRIATIC AVE	TAMPA, FL 33606
MGRM	JAMES F. BAGWELL	P.O. BOX 20225	TAMPA, FL 33622
MGRM	GREGORY F. GUIDO	5818 AUDUBON MANOR BLVD	LITHIA, FL 33547
		Rein	$100.00
		2000	50.00
REINSTATEMENT 2000-2001		2001	50.00
			200.00 MC

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: 5/7/01 Daytime Phone #: (813)207-0722

Typed or printed name of signing Managing Member/Manager: C.C. (CHIP) MORGAN, JR.