

Jun 07 01 04:15p

Global Service Group

813-207-0722

L97000000569

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 6200 COURTNEY CAMPBELL CSWY		3. Mailing Office Address	
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	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 8, 2001
01:04 PM 2:46

8. Name and Address of Current Registered Agent

Name
C.C. (CHIP) MORGAN, JR.

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

Suite, Apt. #, Etc.
SUITE 540

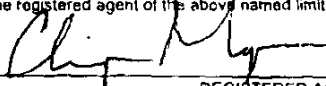
City
TAMPA

State
FL

Zip Code
33607

3000004463633--2
-07/09/01--01009--016
****200.00 ****200.00

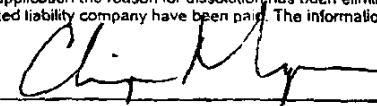
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **5/7/01**

REGISTERED AGENT MUST SIGN

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
		2001	50.00
REINSTATEMENT 2000-2001			200.00

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  Date **5/7/01** Daytime Phone **(813) 207-0722**

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

CR20041 (9/00)