## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT					FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  00 OCT 27 PM II: 02						
DOCUMENT # L98000002562										U	J ひし.! 。	<i>L I</i> Γ	пич	)		
1. Limited Liability Company's Name GLOBAL GUARDIAN LC									***	وعمتاسمت	بدمه است. جيم	<del></del>		سے خہ سے خہ	f.	
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2. Principal Office Address 5805 Blue Lagoon Dr					3. Mailing Office Address SAME					State/Coun	•	nation	· · · · · · · · · · · · · · · · · · ·			7
Suite, Apt. #, etc.				Suite, Apt. #, etc.					FLORIDA  5. Date Organized or Qualified							
City & State MIAMI, FL				City & State					To Do Business in Florida  6. FEI Number Applied For							
Zip 33126 Country DADE				Zip Country				65-0910924 Not Applicable  7. CERTIFICATE OF STATUS DESIRED S00 Additional Resource graphed							기	
8. Name and Address of Current Register																
	Name  Mario Gonzalez  Street Address (P.O. Box Number is Not Acceptable)  5805 Blue Lagoon Dr, ste 136  Suite, Apt. #, Etc.									100003456231 -11707700=-01127010 ****150.00 ****150.0						
	City Mia	ami								State Zip Code FL 33126						
"														9/00/		
Registered Agent Date														CR2E041 (9/00)		
10. Name	es and Street	Addresse	es of Managir		bers/Manager		-	<del> </del>						<del></del>	<del></del>	1
Titles	Name of Managing Members/Manage				Street Address of Ea Managing Member/Ma								City / State / Zip			
Mng.	. Mario Gonzalez				5805 Blue La			Lagoon	Dr	#136	Miami, Fl 33126					
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11. I certi2/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 more oath.												., and that				
Signature of Managing Member/Manager Date 10 23 0 Daytime Phone #																
Typed or pri	inted name of	gning N	Managing Me	ember/N	Manager	MARIE	60N	EAJEZ'	MN	7·	···					