PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAY 30 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100103908611
06/05/07--01032--018 **55.00

CR2E041 (1/07)

DOCUMENT # L99000005569

1. Limited Liability Company's Name

Global Tradeland L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4639 Gulf Star Dr.	P.O.Box 5034
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Destin, FL	Destin, FL
Zip 32541 Country	Zip 32540 Country

4. State/Country of Formation: FL,USA

5. Date Organized or Qualified To Do Business in Florida: 07/01/1999

6. FEI Number: 593636397 ☐ 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: Barghouti, Munzer

Street Address (P.O. Box Number is Not Acceptable): 4639 Gulf Star Dr.

Suite, Apt. #, Etc.:

City: Destin, FL State: FL Zip Code: 32541

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: MBarghouti Date: 4/28/2007
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
mgr	Arafat, Hilda	4639 Gulf Star Dr.	Destin, FL 32541

DB

REINSTATEMENT 2006-2007

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: Hilda Date: 4/28/2007 Daytime Phone #: (850) 837 0602

Typed or printed name of signing Managing Member/Manager: Arafat Hilda

100103908611
06/05/07--01032--019 **50.00