

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

01 DEC 14 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006282

1. Limited Liability Company's Name

Global Real Estate Investments L.C
11201 SW 111 Street
Miami FL 33176

2. Principal Office Address

1688 Meridian AVE

3. Mailing Office Address

11201 SW 111 Street

Suite, Apt. #, etc.

506

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami FL

Zip

33139

Country

USA

Zip

33176

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

Nov 1999

6. FEI Number

65-0953588

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Gabriella Hale

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

11201 SW 111 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Gabriella Hale
REGISTERED AGENT MUST SIGN

Date 12-5-01

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
<u>Vice President</u>	<u>Gabriella Hale</u>	<u>11201 SW 111 Street</u>	<u>Miami FL 33176</u>

REINSTATEMENT

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dec

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

Gabriella Hale

Date

12-5-01

Daytime Phone #

305-274-0193

Typed or printed name of signing Managing Member/Manager