PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

1. DOCUMENT

L99000006282

Name and Mailing Address

DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA

FILED

2004 JAN - 6 PM 4: 05

0007430 01 AT 0.292 **AUTO T8 0 0615 33176-327601 Inflantiantification of the little of the li GLOBAL REAL ESTATE INVESTMENTS, L.C. 11201 SW 111 STREET MIAMI FL 33176-3276

700026060397
01/06/0401007023 **150.00

2. New Mailing Address				State/Country of Formation FL			
City, State, 2ip				Date Organized or Qualified To Do Business in Florida 10/01/1999			
106	ace of Business 20 N KENDALL DR	New Principal Place of Business Address		GE 0050500		Applied For Not Applicable	
MIAMI FL 33176		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
HALE, GABRIELLE			Name				
112	COL SW 111TH STREET AMI FL 33176		Street Address (P.O. Box Number is Not Acceptable)				
			· · · · · · · · · · · · · · · · · · ·				
			City FL Zip Code			Zip Code	
10. 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 SIGNORED Date 12-23-3							
REGISTERED AGENT MUST SIGN 11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)	Name of Managing Stre		of Address of Each ng Member/Manager City / State / Zip		/ Zip		
MGR	HALE, GABRIELLA	11201 SW 111	TH STREET		MIAMI FL 33176		
MGRM	PENGUIN REAL ESTATE, LLC	10621 N KENE	OALL OR #120	MIAMI FL 33176			
WGRM	RADO, GABOR	. 10621 N KENI		-	MIAM1 FL 33178		
	,						
3							
			REINSTATEMENT 2003				
12. 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 filling 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/Manage 6/10/00/00/00/00/00/00/00/00/00/00/00/00/							

Typed or printed name of signing Managing Member/Manager

Managing Member/Manage