

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M02000001055

1. Limited Liability Company's Name

Global Housing Partners, LLC

2. Principal Office Address

631 U.S. Highway 1

Suite, Apt. #, etc.

Suite 400

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

3. Mailing Office Address

631 U.S. Highway 1

Suite, Apt. #, etc.

Suite 400

City & State

N. Palm Beach, FL

Zip

33408

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified  
To Do Business in Florida

4/18/2002

6. FEI Number

None

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

East Bay Group, LLC

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

631 U.S. Highway 1

Suite, Apt. #, Etc.

Suite 400

City

N. Palm Beach

State

FL

Zip Code

33408

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

*[Signature]*

Date

12/1/2006

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	Intecon, LLC	631 U.S. Highway 1, Suite 400	N. Palm Beach, FL 33408
MGRM	Global Mortgage Services, LLC	1417 Shadow Lane	Rye, NY 10580

REINSTATEMENT

2005-2006

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

*[Signature]*

Date

12/1/2006

Daytime Phone #

(561) 296-4525

Typed or printed name of signing Managing Member/Manager

RICHARD V. REIKENIS



CORPORATION SERVICE COMPANY

M02000001055

ACCOUNT NO. : 072100000032

REFERENCE : 633677 7195547

AUTHORIZATION :

*Lyne Coleman*

COST LIMIT : \$ 200.00

RECEIVED  
TALLAHASSEE, FLORIDA

06 DEC - 1 PM 1:02

FILED

ORDER DATE : December 1, 2006

ORDER TIME : 10:24 AM

ORDER NO. : 633677-005

CUSTOMER NO: 7195547

*BK*

RECEIVED  
TALLAHASSEE, FLORIDA

06 DEC - 1 AM 10:53

RECEIVED

REINSTATEMENT

NAME: GLOBAL HOUSING PARTNERS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS \_\_\_\_\_