PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

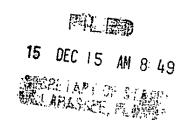


FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M1200000155

1. Limited Liability Company's Name
Global Independent Advisors, LCC



		•					
2. Principal Office Address - No PO Box# 321 N. Clark street Suite, Apt. #. etc Suite # 940		3. Mailing Office Address 21300 Victory Blv Suite Apt. #, etc. Suite #635			CR2E041 (1/14)		
					4 State/Country of Formation		
					Illinois 5. Date Organized or Qualified To Do Business in Florida 01/06/2012		
							City & State
Chicago, IL		Woodland Hills	(<i>`A</i>	6. FEI Numbe		
Zip	Country	Zip	Co	ountry			
60654	USA	91367	U	SA	CERTIFICATE OF	\$5.00 Additional Fee requirements of status	
	8. Name and Addre	ess of Current Registered	Agent		1		
Name							
•	ervice Company						
Street Address (P.O. 1 201 Hays St i	. Box Number is Not Acceptable) 5	Suite.			300279623203 12/15/1501016002 **138.75		
Apt. #, Etc							
					12/0	:00279623203)1/1501010020 **100.0	
City			State	Zip Code 32301-2525			
Tallahassee	,		FL	32301-2323			
Signature of Registered Agent	nted the registered agent of the	·				Date 10/20/2015	
		REGISTERED AGENT MUS	T SIGN		_		
10. Names and St	reet Addresses of Authorized Re	oresentatives/Managers					
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip	
MGR	Barden, Paul		71 West Hubbard st # 3002,			Chicago, IL 60654	
MGR	Rogers, Paul		18 Goss Pond Road,			Uptown, MA 01568	
MGR	Meador, Larry		85 Speen Street,			Framingham, MA 01701	
MGR	Maines, Doug		305 Foreside Rd,			Falmouth, ME 04105	
MGR	Kollitides, George		244 East 32nd Street, unit 1			New York, NY 10016	
11, E-mail Address			used for full-	ire annual report notification	one)		
certify that when f 605.0012, F.S., a shall have the sar	iling this reinstatement applicated that all fees owed by the limited that	re/ manager or the receiver tion the reason for dissolute ited liability company have	or trustee on has bee been paid.	empowered to execute in eliminated, the limit The information indic	e this application a ed liability compan ated on this applica	s provided for in Chapter 605, F.S. I further y name satisfies the requirement of section ation is true and accurate, and my signature tment of State constitutes a third degree	
iciony as promuci				4.5.7	00/00 1 =		

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