


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M12000000155

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

2. Principal Office Address - No P.O. Box # 321 N. Clark street		3. Mailing Office Address 21300 Victory Blv	
Suite, Apt. #, etc. Suite # 940		Suite, Apt. #, etc. Suite #635	
City & State Chicago, IL		City & State Woodland Hills CA	
Zip 60654	Country USA	Zip 91367	Country USA

8. Name and Address of Current Registered Agent

Name  
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite.  
 1201 Hays Street

Apt. #, Etc.

City  
 Tallahassee

State  
 FL

Zip Code  
 32301-2525

CR2E041 (1/14)

4. State/Country of Formation  
 Illinois

5. Date Organized or Qualified  
 To Do Business in Florida 01/06/2012

6. FEI Number  
 27-0573508

Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

300273623203  
 12/15/15--01016--002 \*\*138.75  
 300273623203  
 12/01/15--01010--020 \*\*100.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent \_\_\_\_\_ Date 10/20/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/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 \_\_\_\_\_  
 (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Paul Barden Date 10/20/2015 Daytime Phone # \_\_\_\_\_

Typed or printed name of signing authorized representative/member \_\_\_\_\_