

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 JAN 29 PM 2:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M97000000648

1. Limited Liability Company's Name

Globalcom Communications, LLC

2. Principal Office Address

4377 Commercial Way

Suite, Apt. #, etc.

Suite 119

City & State

Spring Hill, FL

Zip

34606

Country

United States

3. Mailing Office Address

4377 Commercial Way

Suite, Apt. #, etc.

Suite 119

City & State

Spring Hill, FL

Zip

34606

Country

United States

4. State/Country of Formation

DE/United States

**5. Date Organized or Qualified
To Do Business in Florida**

5-13-97

6. FEI Number

59-3450931

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Edward R. Davalos

700003623867-6

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

127 W. Fairbanks Ave.

-02/02/01--01019--005

****300.00 ****300.00

Suite, Apt. #, Etc.

309

City

Winter Park

State

FL

Zip Code

32789

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

Edward R. Davalos

REGISTERED AGENT MUST SIGN

Date

1-9-01

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
m	Edward R Davalos	127 W. Fairbanks Ave #309	Winter Park, FL 32789
m	Bertram M wachtel	2523 Butler Bay Dr N	Windermere, FL 34786

REINSTATEMENT 98-01
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

Edward R. Davalos

Date 1-9-01

Daytime Phone # 800-355-9409

Typed or printed name of signing Managing Member/Manager

Edward R. Davalos