

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

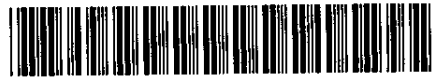
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1. DOCUMENT # M97000000648

Name and Mailing Address

0013638 01 AT 0.292 \*\*AUTO T9 0 0615 34606-196377

GLOBALCOM COMMUNICATIONS, LLC  
4377 COMMERCIAL WAY, SUITE 119  
SPRING HILL FL 34606-1963



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/29/1997	
Principal Place of Business 4377 COMMERCIAL WAY, SUITE 119 SPRING HILL FL 34606	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3450931	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DAVALOS, EDWARD R 127 W. FAIRBANKS AVE., #309 WINTER PARK FL 32789		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025907243 12731703--01071--004 **150.00 City FL Zip Code	
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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

*Edward R. Davalos*  
REGISTERED AGENT MUST SIGN

Date 12-30-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DAVALOS, EDWARD R	127 W. FAIRBANKS AVE., #309	WINTER PARK FL 32789
MGRM	WACHTEL, BERTRAM M	2620 BUTLER BAY DR., N.	WINDERMERE FL 34786

REINSTATEMENT 03  
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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 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 12-30-03 Daytime Phone # 352-684-1800

Typed or printed name of signing Managing Member/Manager

Edward R Davalos

CR2E084 (7/03)