

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 NOV -8 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 1199000000170

**1. Limited Liability Company's Name**

Global Delivery Systems, LLC

**REINSTATEMENT** 2000

**2. Principal Office Address**

**3. Mailing Office Address**

147-25 176 St Jamaica NY 11434 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jamaica

New York

Zip

Country

Zip

Country

11434

USA

**4. State/Country of Formation**

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

**6. FEI Number**  
11-3476638

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

United Corporate Services, Inc

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

9200 South Dadeland Blvd

Suite, Apt. #, Etc.

Suite-508

City

Miami

State

FL

Zip Code

33156

**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

*Michael A. Barr*

REGISTERED AGENT MUST SIGN

*Michael A. Barr*  
Pres

Date

11/7/00

**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	James Galante	147-25 176 St	Jamaica NY 11434

**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

*Laura Messori*

Date

11-7-00

Daytime Phone #

718-995-2701

Typed or printed name of signing Managing Member/Manager

Laura Messori - V.P.