AUG-22-00 02:45 PM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS P.04

01 FEB 19 PM 12:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT #

1. Limited Liability Company's Name
GLOBE FUNDING, L.C.
200517 8/23/96

2. Principal Office Address	3. Mailing Office Address
3209 S. ATLANTIC AVE	- Same -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH, FL	City & State
Zip: 32118 Country: VOLUSIA	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 1/17/1992

6. FEI Number: N/A ☐ 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: DAVID A. ZILL, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 4393 RIDGEWOOD AVE. #

Suite, Apt. #, Etc.: SUITE 1

City: PORT ORANGE State: FL Zip Code: 32127

300003742789--6
-02/20/01--01044--004
****400.00 ****400.00

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: David A Zill Date: 1/31/2001
REGISTERED AGENT MUST SIGN

CR2E041 (9/96)

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
Mgr/M	YUSUF LORI	3209 S. ATLANTIC AVE.	DAYTONA BEACH, FL 32118
Mgr/M	ALAN BAERENKLAU	3209 S. ATLANTIC AVE.	DAYTONA BEACH, FL 32118

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: [signature] Date: 1/31/2001 Daytime Phone #: (904) 761-2050

Typed or printed name of signing Managing Member/Manager: ALAN BAERENKLAU