

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # Z00517

1. Limited Liability Company's Name

GLOBE FUNDING, L.C.

900010081699
01/14/03--01086--022 **150.00

1/14 2002

MJH

2. Principal Office Address

3209 S. ATLANTIC AVE.

Suite, Apt. #, etc.

Daytona

City & State

Daytona Beach Shores, FL

Zip

Country

32118-6225 Volusia

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/17/92

6. FEI Number

N/AE

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

ZILL, DAVID A. ESQUIRE

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

366 E. Graves Ave., Suite B

Suite, Apt. #, Etc.

City

ORANGE CITY

State
FL

Zip Code

32763

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

REGISTERED AGENT MUST SIGN

Date 1/10/03

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	LORT, YUSUF MOHAMED	3209 S. ATLANTIC AVE.	DAYTONA BEACH SHORES, FL 32118-6225
MGRM	BAERENKLAU, ALAN	"	"

11. I certify that I am managing member/manager of 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 1/10/03

Daytime Phone# 386-761-2050

Typed or printed name of signing Managing Member/Manager