

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -6 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000.23141

1. Corporation Name

Globex Lending Corp.

REINSTATEMENT 03

800023590008

10/06/03--01073--003 \*\*150.00

2. Principal Office Address

3575 NE 207 Street

3. Mailing Office Address

3575 NE 207 St.

Suite, Apt. #, etc.

Suite B-7

Suite, Apt. #, etc.

Suite B-7

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/6/2000

5. FEI Number

65-1081770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Felix VAKHOVSKY

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

3575 NE 207 Street

Suite, Apt. #, Etc.

Suite B-7

City

Aventura

State

FL

Zip Code

33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/02/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles             | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director    | City / State / Zip |
|--------------------|--------------------------------------|--|--------------------|
| President          | Felix VAKHOVSKY                      | 3575 NE 207 STREET,<br>Suite B-7, Aventura, FL 33180 | Aventura, FL 33180 |
| Admin-<br>istrator | Alina Karpova                        | 3575 NE 207 Street,<br>Suite B-7                     | Aventura, FL 33180 |
|                    |                                      |  |                    |
|                    |                                      |  |                    |
|                    |                                      |  |                    |
|                    |                                      |  |                    |

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/03 (305)7929502/113

Date

Daytime Phone #

CR2E081 (10/02)

GLOBEX LENDING CORP.  
3575 NE 207 Street, Suite B-7  
Aventura, FL 33180

10/02/2003

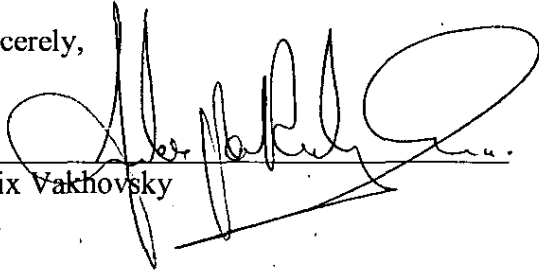
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O.BOX 6327  
Tallahassee, FL 32314

Re: Reinstatement Application

The reason I am not filing on time the Corporation Reinstatement form is that I never received by mail any letters or questionnaire from Florida Department of State, Division Of Corporation. Due to this fact I respectfully asking to accept the Reinstatement Fee in amount of \$150.00 .

Thank you for your cooperation.

Sincerely,

  
Felix Vakhovsky