

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
01 FEB 16 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000103452

1. Corporation Name

GLOBAL MARKETING PARTNERS, INC.

Principal Place of Business

Mailing Address

~~583 S.W. 179 AVENUE
PEMBROKE PINES FL 33029
US~~

~~914 MATANZAS AVENUE
CORAL GABLES FL 33146~~



REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

9 GARLAND DRIVE
Suite, Apt. #, etc.

9 GARLAND DRIVE
Suite, Apt. #, etc.

12/05/1997

SP

City & State
BELLA VISTA, ARKANSAS

City & State
BELLA VISTA, ARKANSAS

5. FEI Number

65-0799038

Applied For
Not Applicable

Zip 72714 Country USA

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WHITE, JOHN B III	583 S.W. 179 AVENUE <u>9 GARLAND DRIVE</u>	PEMBROKE PINES FL 33029 <u>BELLA VISTA, ARKANSAS 72714</u>
DVP	HAYES, JOHN D	583 S.W. 179 AVENUE <u>1412 FARGO BLVD.</u>	PEMBROKE PINES FL 33029 <u>GENEVA, IL 60134</u>
S	LIPSON, GARY D	<u>914 MATANZAS AVENUE</u>	<u>CORAL GABLES FL 33146</u>
			000003768890--0 -02/26/01--01152--020 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

LIPSON, GARY D
914 MATANZAS AVENUE
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 2/14/01

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/2000 670-623-5826
Date Daytime Phone #

CR2E040 (8/00)