

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

96 DEC 12 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 590420

1 Corporation Name

GLOBAL IMPEX, INC.

Principal Place of Business

Mailing Address

390 N. Orange Avenue  
Suite 1675  
Orlando, FL 32801

390 N. Orange Avenue  
Suite 1675  
Orlando, FL 32801

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
390 N. Orange Ave.

3. New Mailing Address, if Applicable  
390 N. Orange Ave.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/78

Suite, Apt. #, etc.  
Suite 1675

Suite, Apt. #, etc.  
Suite 1675

5. FEI Number  
59-1900438

Applied For

Not Applicable

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip Country  
32801 USA

Zip Country  
32801 USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JANMOHAMED, SHIRAZ	4500 Holly Tree Court, #202	Orlando, FL 32811
V/S	JANMOHAMED, RAMZAN	4500 Holly Tree Court, #202	Orlando, FL 32811
			200002031742--4 -12/18/96--01003--002 *****575.00 *****575.00
			REINSTATEMENT 1996
			200002031742--4 -12/18/96--01003--003 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANMOHAMED, SHIRAZ  
2453 Barkwater Drive  
Orlando, FL 32809

Name  
JANMOHAMED, SHIRAZ  
Street Address (P.O. Box Number is Not Acceptable)  
4500 Holly Tree Court, #202  
Suite, Apt. #, Etc.  
City  
Orlando  
State  
FL  
Zip Code  
32811

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

*Shiraz Janmohamed*  
REGISTERED AGENT MUST SIGN

Date December 11, 1996

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

*Shiraz Janmohamed*  
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/96 407-839-4277

Date Daytime Phone #

CR25040 (12/95)