2009 Amended Annual REPORT PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FLORINA

DOCUMENT # 🧻	142991
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1. Corporation Name

GLOBAL FOUNDATION INC.

		1			
2. Principal Office Address - No P.O. Box #			3. Mailing Office Address		
6200 Leonardo Street		Global Four	Global Foundation Inc.		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		P.O.Box 249055			
City & State		City & State	City & State		
Coral Gables, Florida		Coral Gables	s,Florida		
^{Zip} 33146-3338	CountryUSA	^{Zr} 33124-9055	Country USA		
33140-3336	USA	33124-9033	USA		
7. Name and Address of Current Registered Agent					

700164049427 12/30/09--01018--012 **61.25 CR2E081 (12/07)

Date Incorporated or Qualified To Do Business in Florida August 18		18,	19	78
5. FEI Numbe 59-1887				Applied For
. 55-1007	705			Not Applicabl

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Ager	7.	Name and	Address	of Current	Registered	Agent
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Sevda A. KURSUNOGLU

Street Address (P.O. Box Number is Not Acceptable) 6200 Leonardo Street

Suite, Apt. #, Etc.

City

CORAL GABLES

State

Zip Code 33146-3338

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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	se.

irda Kurbunglu REGISTERED AGENT MUST SIGN

Sevda KURSUNOGLU V/P & Treasurer

12/28/2009

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

4. Names and Great Addresses of Each Officer and/of Director (Florida non-plottic Corporations must list at least 3 directors)						
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
PD	KURSUNOGLU, Ismet.B	Alaska Clinic ,3750 East Count (Unit B) ry Field Circle	Wasilla,Alaska,99654			
D MF	USS WEISS,Ayda	2101SUNRISE KEY Blvd.	Ft Lauderdale,FL 33304			
D	BRAHME, Sevil .J	8946 Cliffridge Ave.	La Jolla,CA 92037			
V/P,D	KURSUNOGLU, Sevda	6200 Leonardo Street	Coral Gables, FL 33146-3338			
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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 filling 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 contained in Chapter 119, 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.

December_28,2009__(305).666-4367_ Date | Date | Dayline Phone #