APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

A97000002293

FILED
99 SEP -7 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A 97000002293

1. GLOBAL IMPACT CONCEPTS, LTD.

2. 7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819
32819

3. Principal Office Address

4. Date Formed or Registered To Do Business in Florida: 10/23/97

5. FEI Number: 59-3515937 — Applied For / Not Applicable

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

7. State or Country of Formation: Florida

8a. 5,000,000.00

8b. FLORIDA: 100,000.00

FEES: 1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. **Name and Address of Current Registered Agent**
BOB REEDER
7380 SAND LAKE ROAD, SUITE 500
ORLANDO, FL 32819

10. If changed, new registered agent/office
Name: FF $1,026.25
Street Address (P.O. Box Number is Not Acceptable): CUS 8.75
Suite, Apt #, etc
City — Zip Code

REINSTATEMENT 99

10a. Pursuant to the provisions of sections 620.105 and 620.192, Florida Statutes, the above-named limited partnership organized under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) ________ DATE 9/7

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
GLOBAL IMPACT CONCEPTS, INC.	7380 SAND LAKE RD. SUITE 500	ORLANDO, FL 32819	P97000025906

900002993219--2
-09/22/99--01019--007
***1035.00 ***1035.00

CR2E039 (12/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE [signature] DATE 5/12/99

Typed or Printed Name of General Partner Signing Form: GLOBAL IMPACT CONCEPTS, INC. BOB REEDER, PRESIDENT Telephone Number 407-541-0191