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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # F00000003239

1. Corporation Name
Globan Corporation

2. Principal Office Address	3. Mailing Office Address
2950 N Loop W	2950 N Loop W
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Houston, Texas	City & State Houston, Texas
Zip 77092 Country Harris	Zip 77092 Country Harris

4. Date Incorporated or Qualified To Do Business in Florida 07/07/2000

5. FEI Number 76-0644143 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($75 Additional Fee)

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Reyes Second Asst Secretary Date: 4/23/04
REGISTERED AGENT MUST SIGN

CAUTION! (NEW)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/Dir	William G Wydler	2950 N Loop W, Suite 500	Houston, TX 77092
Sec/Dir	Carlos A Alvarez	2950 N Loop W, Suite 500	Houston, TX 77092
Tres/Dir	Jorge Salcedo	2950 N Loop W, Suite 500	Houston, TX 77092
Dir	Bernardo Serra Oliver	2950 N Loop W, Suite 500	Houston, TX 77092
Dir	Ms. Pilar Oliver	2950 N Loop W, Suite 500	Houston, TX 77092

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] 04/15/2004 (813) 877-8742
Name (TYPED OR PRINTED) OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

GLOBAN CORPORATION

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