

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001924

1. Corporation Name

GLOBCOM, INC.

Principal Place of Business

Mailing Address

~~950 MILWAUKEE AVENUE~~
~~GLENVIEW IL 61615~~

~~950 MILWAUKEE AVENUE~~
~~GLENVIEW IL 61615~~

2100 Sanders Road, 5150
Northbrook, IL 60062

2100 Sanders Road, 5150
Northbrook, IL 60062

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

2. New Principal Office Address, If Applicable

2100 Sanders Road, 5150

3. New Mailing Office Address, If Applicable

2100 Sanders Road, 5150

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Northbrook, IL

City & State

Northbrook, IL

Zip

60062

Country

USA

Zip

60062

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2001

5. FEI Number

36-4054494

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KOFMAN, GLEN	1904 HIGHLAND 3664 Heritage Dr.	NORTHBROOK IL 60062

REINSTATEMENT

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8. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDAN ST.
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number, if applicable)

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

State

FL

Zip Code

33324

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. or 617.0505, F.S.

Signature of
Registered Agent

Carrie Byrum

REGISTERED AGENT MUST SIGN

Date 11/7/03

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:

Glenda E. Hood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

847-275-8701

Daytime Phone #

CR2E040 (7/03)