

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 12 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FD2000000735

1. Corporation Name

Global Retail Ventures, Inc

2. Principal Office Address

7469 W. Lake Mead Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Las Vegas NV

Zip

89128

Country

3. Mailing Office Address

7469 W Lake Mead Blvd

Suite, Apt. #, etc.

Suite 200

City & State

Las Vegas NV

Zip

89128

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/6/02

5. FEI Number

30-0028495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathy Klunder

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

229 Hancock Bridge Pkwy

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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

REGISTERED AGENT MUST SIGN

Date

5/6/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
Pres VP Sec Treas	<u>Kathy Klunder</u>	<u>229 Hancock Bridge Pkwy</u>	<u>Cape Coral FL 33990</u>

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 AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Klunder

Date

5/6/04

Daytime Phone #

239-242-0355

CR2E081 (01/04)