

12-01-00 05:38pm From:HODGSON RUSS

+7168490348

APPROVED  
T-425 P 03/03 F-750  
FILED

00 DEC 15 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA500003505975--2  
-12/19/00--01066--001  
\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		October 30, 1980
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.75 Additional Fee required for a Certificate of Status

<b>CORPORATION REINSTATEMENT</b> FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # F03780			
1. Corporation Name GLOBALNETCARE, INC.			
2. Principal Office Address 117 Gun Avenue Suite, Apt. #, etc.		3. Mailing Office Address 117 Gun Avenue Suite, Apt. #, etc.	
City & State Pointe-Claire, Quebec		City & State Pointe-Claire, Quebec	
Zip HR9 3X2	Country Canada	Zip HR9 3X2	Country Canada

7. Name and Address of Current Registered Agent		
Name CI Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
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 617.0503, F.S.

Signature of  
Registered Agent

Connie Bryan

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 12/15/2000

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
P/CEO D	Faris Heddo	117 Gun Avenue	Pointe-Claire, Quebec HR9 3X2 Canada
D	Harvey Lalach	265 Alice Carriere	Beaconsfield, Quebec H9W 6E6 Canada
VP/S D	Michele Scott	117 Gun Avenue	Pointe-Claire, Quebec HR9 3X2 Canada

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:

MICHELE SCOTT Ms MICHELE SCOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 1<sup>st</sup> 2000

Date

514693-0877

Daytime Phone #