

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAR 18 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03122009 REIN-P CR2E098 (1/07)

4. FEI Number 22-3456909 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F06000000923

1. Entity Name  
GLOBAL BUSINESS DIMENSIONS INCORPORATED

Principal Place of Business 18001 OLD CUTLER ROAD, SUITE 505 MIAMI, FL 33157

Mailing Address 18001 OLD CUTLER ROAD, SUITE 505 MIAMI, FL 33157

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address 220 WEST PARKWAY, UNIT #8A Pompton Plains NJ 07444 U.S.A.

6. Name and Address of Current Registered Agent  
ACOSTA, RAUL M  
11434 SW 132 PL, APT. 2  
MIAMI, FL 33186-4384

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: RAUL ACOSTA DATE: 3/17/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRASAD, SANJAY 22 DEGRAAF COURT MAHWAH, NJ 07430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200146156352 03/18/09--01035--015 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 03/16/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR