

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -2 AM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005610(1)

1. Corporation Name

GLOBAL ACCESS PLUS, INC.

Principal Place of Business

Mailing Address

2780 SW 37th Ave #201 2780 SW 37 Ave
Coral Gables FL 33133 #201
Coral Gables FL 33133

100002202861--6

-06/05/97--01059--009

****915.00 ****915.00

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

2. New Principal Office Address, If Applicable

2780 SW 37 Ave

Suite, Apt. #, etc.

203

City & State
Miami FL

Zip
33133

Country
USA

3. New Mailing Office Address, If Applicable

2780 SW 37 Ave

Suite, Apt. #, etc.

203

City & State
Miami FL 3

Zip
33133

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1993

5. FEI Number

65-0440840

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	RICHARDSON, DAVID	2780 SW 37 AVE #203	Miami FL 33133

REINSTATEMENT

96-87

6-4-97

8. Name and Address of Current Registered Agent

BRANDT, ROBERT A
3191 CORAL WAY, SUITE 900
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name BRANDT, ROBERT A.

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

3350 SW 27 AVE

Suite, Apt. #, Etc.

City MIAMI

State
FL

Zip Code
33133

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/27/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/96)