

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 23 AM 10:49

DOCUMENT #

F990000005856

1. Corporation Name

GLOBAL MONEY TRANSMITTER CORP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/21/01--01068--021

****900.00 ****900.00

2. Principal Office Address

146 W 29 ST

Suite, Apt. #, etc.

10 FLOOR

City & State

New York NY

Zip

10001

Country

U.S.A

3. Mailing Office Address

108 GODFREY LANE

Suite, Apt. #, etc.

HUNTINGTON

City & State

HUNTINGTON NY

Zip

11743

Country

U.S.A

REINSTATEMENT 00-01

TAX ID: 22-3669273

4. Date Incorporated or Qualified
To Do Business in Florida

Nov 12 99

5. FEI Number

22-3669273

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

ERUN N MUHAMMED

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

10051 S.W. 20 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

ERUN N MUHAMMED
REGISTERED AGENT MUST SIGN

Date 6/23/2001

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
D	AVIS AHMED	520 LIBERTY AV.	WILLISTON PK NY 11596
D	ADIB M SAKHIA	108 GODFREY LANE	HUNTINGTON NY 11743

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:

ADIB R SAKHIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/01 252 967 1616

Daytime Phone #

CR2E081 (9/00)