

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 16 PM 4:23

DOCUMENT # J62977

1. Corporation Name

Global Productions, Inc

2. Principal Office Address

10823 S.W. 90th Lane.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

Dade

3. Mailing Office Address

10823 S.W. 90th Lane

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33176

Country

Dade

REINSTATEMENT 99-07

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

3-23-87

5. FEI Number

65-0032567

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

Stephen L. Steiger, P.A.

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

1601 N. Palm Avenue

Suite, Apt. #, Etc.

303

City

Pembroke Pines

State

FL

Zip Code

33026

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

4/10/01

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	Bradley Jacobs	10823 S.W. 90th Lane	Miami, FL 33176
			200004138642--4
			-05/07/01--01060--002
			***1058.75 ***988.75
			1058.75
			4/11/01

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/01

Daytime Phone #

305 274 8505

CR2E081 (9/00)