

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 23 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *K69763*

1. Corporation Name
GLOBAL METAL TRADERS AND CONSULTANTS, INC.

2. Principal Office Address
6100 S US HWY 17-92

3. Mailing Office Address
6100 S. US HWY 17-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FERN PARK, FLORIDA

City & State
FERN PARK, FLORIDA

Zip
32730

Country
USA

Zip
32730

Country
UAA

4. Date Incorporated or Qualified
To Do Business in Florida

3-01-1989

5. FEI Number
59-2942136

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
SUSIE BATES VANDERVELDE

Street Address (P.O. Box Number is Not Acceptable)
6100 S US HWY 17-92

Suite, Apt. #, Etc.

City
FERN PARK

State
FL Zip Code
32730

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 *Susie Bates Vandervelde*
REGISTERED AGENT MUST SIGN

Date 02-22-2005

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
PRES	VANDERVELDE, SUSIE BATES	6100 S US HWY 17-92	FERN PARK, FLORIDA 32730

REINSTATEMENT *04-05*
600047788376
03/07/05--01018--009 **900.00

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)(f), 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: *Susie Bates Vandervelde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-22-2005 Date
407-7675777 Daytime Phone #

CR2E081 (01/05)