

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 DEC -6 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L48055**

1. Corporation Name
GLOBAL MARKETING INTERNATIONAL, INC.

Principal Place of Business C/O JOHN T. O'CONNOR 18167 US 19 NO., STE 150 CLEARWATER FL 34624-6588 US	Mailing Address C/O JOHN T. O'CONNOR 18167 US 19 NO., STE 150 CLEARWATER FL 34624-6588 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2938 WEST BAY DRIVE SUITE B Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 2938 WEST BAY DR SUITE B Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business In Florida 02/01/1990
City & State LARGO FL	City & State LARGO FL	5. FEI Number 65-0184756
Zip 34640	Country USA	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34640	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	O'CONNOR, JOHN T.	1501 GULF BLVD, #104	CLEARWATER FL

500002368675--6
 12/10/97-01106-016
 ****750.00 ****750.00

REINSTATEMENT (97)
 A. Alan
 12/4/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'CONNOR, PATRICK M.
 18167 US 19 NORTH SUITE 150
 18167 US 19 NO., SUITE 150
 CLEARWATER FL 34624

Name
Patrick M. O'Connor
 Street Address (P.O. Box Number is Not Acceptable)
2240 Belleair Road, Suite 160
 Suite, Apt. #, Etc.
 City
Clearwater State **FL** Zip Code **33764**

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 *[Signature]* Date 11/12/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* PMS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 11/12/97 Daytime Phone # 813 593 5063

CR2E040 (8/97)