

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 DEC 30 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/31/08--01075--006 \*\*\$1.25

REINSTATEMENT 2008

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # <u>NO 700 0005697</u>			
1. Corporation Name <b>Global Trade &amp; Commerce Association, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>8750 Exchange Drive</b>		3. Mailing Office Address <b>8750 Exchange Drive</b>	
Suite, Apt. #, etc. <b>Suite No. 3</b>		Suite, Apt. #, etc. <b>Suite No. 3</b>	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32809</b>	Country <b>USA</b>	Zip <b>32809</b>	Country <b>USA</b>
7. Name and Address of Current Registered Agent			
Name <b>BROWNSTONE ASSOCIATES, P.A.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>400 N. NEW YORK AVENUE</b>			
Suite, Apt. #, Etc. <b>SUITE 215</b>			
City <b>WINTER PARK</b>		State <b>FL</b>	Zip Code <b>32789</b>
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 <u>[Signature]</u> Date <u>11/25/08</u> REGISTERED AGENT MUST SIGN			
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	CHERYL STOCKSTAD	8750 EXCHANGE DRIVE	ORLANDO, FL 32809
<del>VP</del>	<del>ENIO GARVALHO</del>	<del>8750 EXCHANGE DRIVE</del>	<del>ORLANDO, FL 32809</del>
S	ANGI PERRETTI	8750 EXCHANGE DRIVE	ORLANDO, FL 32809
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 contained in Chapter 119, 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: <u>[Signature]</u>		Date <u>Dec 1, 2008</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$61.25

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

4. Date Incorporated or Qualified To Do Business in Florida **June 7, 2007**

5. FEI Number ☒ Applied For ☐ Not Applicable

2012/31