

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 19 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N94000000106		
1. Corporation Name Globe-Link Productions		
Principal Place of Business 6600 W. 2nd. Court, Apt. B-14 Hialeah, Fl 33012		Mailing Address W99-10374
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable 145 Madeira Avenue Suite, Apt. #, etc. # 101 City & State Coral Gables, Fl Zip 33134		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
4. Date Incorporated or Qualified To Do Business in Florida 12-30-93		5. FEI Number 650506576
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$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)
D/Pres.	Joe Cardona	145 Madeira Ave. #101
D/Vice Pres.	Michelle Zubizarreta	3300 Ponce De Leon Blvd.
D/Treas.	Mario De Verona	145 Madeira Ave. # 101
8. Name and Address of Current Registered Agent Alejandro Anton 6600 W. 2nd. Court, Apt. B-14 Hialeah, Fl 33012		9. Name and Address of New Registered Agent Name Joe Cardona Street Address (P.O. Box Number is Not Acceptable) 145 Madeira Avenue Suite, Apt #, Etc # 101 City Coral Gables State FL Zip Code 33134
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 REGISTERED AGENT MUST SIGN Date 4/28/99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (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)(ii), 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 _____ Daytime Phone # _____		

CR2E081 (12/98)