PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 30 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005101**

1. Corporation Name

GLOBAL ADOPTION LINK, INC.

Principal Place of Business	Mailing Address
100 N BISCAYNE SUITE 2812 MIAMI FL 33132	100 N BISCAYNE SUITE 2812 MIAMI FL 33132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Date Incorporated or Qualified To Do Business in Florida: 10/27/1995

5. FEI Number: 65-0617101 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required if you desire 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	CARMEL, AVI	20191 E COUNTRY CLUB DR #2702	AVENTURA FL 33180
VD	REED, STUART	2021 N MERIDIAN AVE #3	MIAMI BEACH FL 33139
TD	GHELBENDORF, BERNARD	19600 NE 19 AVE	NORTH MIAMI BEACH FL 33179
			100002045385A--3 -01/03/97--01135--007 ****375.00 ****375.00
			JB 12-31-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REED, STUART 100 N. BISCAYNE BLVD. SUITE 2810 MIAMI FL 33132	Name: MIKAL W. GRASS Street Address (P.O. Box Number is Not Acceptable): 100 N. BISCAYNE BLVD. Suite, Apt. #, Etc.: 2810 City: MIAMI State: FL Zip Code: 33132

CR2E040 (7/96)

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: Mikal W. Grass Date: 12-24-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: A. Carmel 12-24-96 305-577-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AVI CARMEL

0102001 FP