

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 MAY -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000027312**

1. Corporation Name

Global Trust Investments, Inc

100005556061--8

-05/17/02--01006--007

******300.00 ****300.00**

2. Principal Office Address

3640 Yacht Club Dr.

Suite, Apt. #, etc.

1905

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Aventura, FL

City & State

Zip

Country

33180 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-16-00

5. FEI Number

65-0992731

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

Mark Hollander

Street Address (P.O. Box Number is Not Acceptable)

11410 N. Kendall Ave. # 207

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Mark Hollander

REGISTERED AGENT MUST SIGN

Date

5-6-02

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
D	Shimshon Markovich	3640 Yacht Club Drive # 1905	Aventura, FL 33180
P	Gabriel Markovich	3640 Yacht Club Drive # 1905	Aventura, FL 33180

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)(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:

Gabriel Markovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-8-02

Daytime Phone #

305-275-2057

CR2E081 (9/01)

HOLLANDER & ASSOCIATES, INC.

11410 North Kendall Drive, Suite 207

Miami, Florida 33176

Tel (305) 275-2557

Fax (305) 275-2588

May 8, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Global Trust Investments, Inc.
Doc: P00000027312

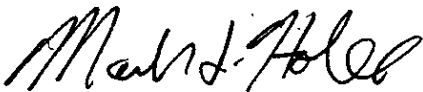
To Whom It May Concern:

This letter is in reference to the above Inc. We contacted the division last week to discuss the fact that we did not receive our annual report from the Florida Department of State. After speaking with a representative with the Florida Department of State we were advised to write a letter explaining the fact that we did not receive our annual report, and were notified by our bank of our reinstatement. Please accept this reinstatement, this will not happen again.

We have enclosed a check for \$ 300.00; please bring this corporation back to good status. We appreciate your time in this matter.

Should you have any questions, please feel free to contact me at your convenience.

Very truly yours,



Mark J. Hollander

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Pam
DATE: 5-8-02
REF. #: 0884
CORP. NAME: Global Trust Investments Inc

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input checked="" type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 1166 FOR \$ 300.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

RECEIVED
02 MAY -9 AM 10:45
DIVISION OF CORPORATION