PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 02 APR 29 AM 8: 39 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, 19 ORIDA DOCUMENT # 59-3638082 1. Corporation Name Global Mortgage & Investments, Inc P00000032542 800005491568--3 -05/08/02--01031--022 3. Mailing Office Address 2. Principal Office Address 3604 St. Johns Ave 3604 St. Johns Ave ****300.00 ****300.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 3/24/00 City & State City & State Applied For 5. FEI Number Jacksonville Jacksonville 59-36<u>38082</u> Not Applicable Country Country Zip \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED USA ٥۶Α 32205 32205 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Byal 2609 Iroguais Ave Suite, Apt. #, Etc. Zip Code State City FL 39210 Jerckspaulle 8. I, being appointed the registered agent of the above pared corporation am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Date 4/23/02 Signature of Registered A REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip Titles Jacksonville, PC. 32210 2609=Iconsis_Ave=== 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 filling 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. Jerry Byrd 4-23-04 904-384-7379 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR