

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000043112

1. Corporation Name

GLOBAL CONCIERGE, INC.

Principal Place of Business

181 NW 11TH AVE.
BOCA RATON FL 33486

Mailing Address

181 NW 11TH AVE.
BOCA RATON FL 33486

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/2000

5. FEI Number

65-1096475

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Nicole Siben	2200 NE 4th Ct.	Boca Raton, FL.
			300004717303--1 -12/10/01--01094--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SIBEN, DAWN NICOLE
181 NW 11TH AVE.
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/01

CR2E040 (8/01)



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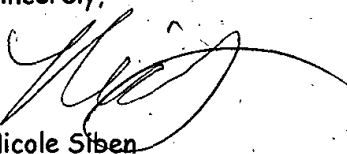
October 30, 2001

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Katherine Harris,

I have just received the refilling form for my corporation. This is the first correspondence that I have received in reference to refilling. I would appreciate it if you would accept my check for \$150.00 to reinstate my corporation and kindly waive the penalty of \$600.00.

Thank you,
Sincerely,



Nicole Siben

