

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000060372

**1. Corporation Name**

GLOBAL ESCAPES, INC.

149 SEASIDE AVE  
KEY LARGO, FL 33037

**2. Principal Office Address**

149 SEASIDE AVE

**3. Mailing Office Address**

KEY LARGO, FL 33037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO, FLORIDA

City & State

KEY LARGO, FLORIDA

Zip

33037

Country

USA

Zip

33037

Country

USA

**REINSTATEMENT** 02-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
65-1039335

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

DENITA MUNDEN

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

149 SEASIDE AVENUE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

**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

Date

REGISTERED AGENT MUST SIGN

**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
PD	CHARLES KITTO	149 SEASIDE AVENUE	KEY LARGO, FL 33037
VPD	DENITA MUNDEN	149 SEASIDE AVENUE	KEY LARGO, FL 33037

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2 of 2

Global Escapes, Inc.  
149 Seaside Avenue  
Key Largo, FL 33037  
FEI #65-1039335

December 27, 2004

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

It has come to my attention that my corporation was administratively dissolved in October 2002. My address is different from the address the state has on file. I never received the annual report for keeping my corporation active and registered with the state. Please update my records for the correct address.

Enclosed is a corporation reinstatement form and a check for \$450.00 for years 2002, 2003 and 2004. Please accept this payment and forgive the reinstatement fee as my small business can not pay this extra fee. It would create a financial hardship in my ability to pay my other bills and continue my business.

Thank you for your assistance.

Sincerely,

Charles Kitto