

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
02 JAN -3 PM 5:30

DOCUMENT # P00000061803

1. Corporation Name

GLADIATOR GLOBAL INVESTMENTS, CORP.

Principal Place of Business

617 S.W. 49TH LANE
CAPE CORAL FL 33914

Mailing Address

617 S.W. 49TH LANE
CAPE CORAL FL 33914



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

REINSTATEMENT

FB

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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

06/22/2000

5. FEI Number

59-3653927

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	TERMOELLEN, RAINER J	617 S.W. 49TH LANE	CAPE CORAL FL 33914
VSD	TERMOELLEN, GABRIELA RUTH	617 S.W. 49TH LANE	CAPE CORAL FL 33914

800004775798--6
-01/15/02--01048--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KENDALL, ANETTE
557 6TH AVENUE N.
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

JOHN G. PAUL, JR., CPA

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

120 DEL PRADO BLVD. S.

Suite, Apt. #, Etc.

SUITE 3

City

CAPE CORAL

State

FL

Zip Code

33990

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]
REGISTERED AGENT MUST SIGN

Date 11/12/01

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:

RAINER TERMOELLEN, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 458-7888

12-28-01

CP20040 (8/01)