

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 14 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FL 32301

DOCUMENT # P00000062977

1. Corporation Name

Global Remanufacturing, Inc.

2. Principal Office Address

4920 Woodlane Circle

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip
32303

Country
Leon

3. Mailing Office Address

4920 Woodlane Circle

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip
32303

Country
Leon

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2000

5. FEI Number

593666338

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

John E. Brenneis

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

227 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

800059999852
09/27/05--01030--009 **1208.75

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

John E. Brenneis

REGISTERED AGENT MUST SIGN

Date

9-14-05

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
P, S, T D	Darrell B. Moore	4920 Woodlane Circle	Tallahassee, FL 32303

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:

Darrell B. Moore

Darrell B. Moore, President 09/14/05; 850.222-6993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #