

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 MAR 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090455

1. Corporation Name

GLOBAL PRESS, INC.

Principal Place of Business

Mailing Address

19593 N.E. 10TH AVENUE
BUILDING 4
NORTH MIAMI BEACH FL 33179

19593 N.E. 10TH AVENUE
BUILDING 4
NORTH MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2000

5. FEI Number

65-1055662

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
PD	ROLDAN, NATALI	19593 N.E. 10TH AVENUE, BLDG. #4	NORTH MIAMI BEACH FL 33179
V.P.	De Oliveira, Leonardo	19593 N.E. 10TH AVE., Bldg. 4, Bay A	miami, FL 33179-8 4000051901749-8 -04/03/02--01066--001 ****350.00 ****300.00

8. Name and Address of Current Registered Agent

ROLDAN, NATALI
19593 N.E. 10TH AVENUE
BUILDING 4
NORTH MIAMI BEACH FL 33179

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

REGISTERED AGENT MUST SIGN

Date 2-12-02

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 #

2-12-02



DO NOT REMOVE!

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

January 25, 2002

Re: NON RECEIPT OF RENEWAL/DOCUMENT# P000000090455

Dear Sir or Madam,

We received a Notice of Administrative Dissolution or Revocation from the Florida Department of State, however, we never received any application or notice for renewal and were unaware that our corporation was dissolved. We respectfully request to be forgiven from the penalty and to have our Corporation reinstated.

I am enclosing a check to cover the one that we apparently missed (2001) and this year's (2002) payment as well, for a total of \$300.00.

If you have any questions or are in need of additional assistance or information, please don't hesitate to contact me.

Regards,

Natalia Roldan
President

cc: file