

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 14 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Pol000029319
Globexchange Inc.

2. Principal Office Address

3001 Acapulco Drive
Suite, Apt. #, etc.
None

3. Mailing Office Address

3001 Acapulco Drive
Suite, Apt. #, etc.
None

City & State

MIRAMAR Florida

City & State

MIRAMAR Florida

Zip

33023

Country

USA

Zip

33023

Country

USA

REINSTATEMENT 02-03

200014097032

02/14/02--01094--019 ***999.00

4. Date Incorporated or Qualified
To Do Business in Florida

MAR 12, 2003

5. FEI Number

Pol000029319

☒ 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

JEAN-GUY SYLVAIN

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

3001 ACAPULCO Drive

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

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

JEAN-GUY SYLVAIN
REGISTERED AGENT MUST SIGN

Date MAR 12, 2003

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
CEO	JEAN-GUY SYLVAIN	3001 ACAPULCO Drive	MIRAMAR FL. 33023

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:

JEAN-GUY SYLVAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 12, 2003

Date

(954) 358-5939
Daytime Phone #

CR2E081 (10/02)

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