PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Global Communications Tatt Time. 2. Principal Office Address OOD Brickett Bay Druve OOD Brickett Bay OOD OOD Brickett Bay OOD OOD Brickett Bay OOD OOD Brickett Bay OOD OOD OOD Brickett Bay OOD OOD OOD Brickett Bay OOD OOD OOD OOD OOD OOD OOD OOD OOD OO	CORPORATIO REINSTATEME	N CASE	FLORIDA DEPARTMENT OF Secretary of State DIVISION OF CORPORATIONS	STATE	FILED 03 MAR - 6 PM 3: 05
2. Principal Office Address IOD Brickell Bay Drue IOD Brickell Bay Drue Suite, Apt. # etc. Z600 City & State Middlin, Florida Middlin, M	DOCUMENT # P01000035084 1. Corporation Name Global Communications Int'l Inc.				SECRETARY OF STATE TALLAHASSEE. FLORIDA
Suite, Apt. # etc. Z600 City & State MIGMI, Florido City & State MIGMI, Florido Country ZP 33 131 Country ZP 33 131 Country ZP 33 131 Country ZP Country Country Country Country ZP Country					460014446094 03/21/0301041026 **750.00
Suite, Apt. #, dic. Z600 City & State MICMIN Flovido City & State MICMIN Flovido City & State MICMIN Flovido To be Bushasou in Flovido City & State MICMIN Flovido To be Bushasou in the and the flovidous is text of the flovidous isted on the flore on the speciation in the and accurate, and my speciation is the and accurate,		_		Drive	e 07-03
MIGMIL FlorIdo MIGMI, FLOVIDO SPECIAL STANDERS (P.O. Box Number is Not Acceptable) 7. Name and Address of Current Registered Agent Name OSCAR SPACES (P.O. Box Number is Not Acceptable) 12.550 BISCAYNE BOULEUARD Street Address (P.O. Box Number is Not Acceptable) 12.550 BISCAYNE BOULEUARD State Zip Code FL 2338 8. I. being appointed the footbardered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addressus of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Titles Officers of Company Devy The CRRY BOANARD Surfect Agents are receiver or trustate empowered to an excute this application as provided for in chapter 607 or 617, F.S., further certify that I am an officer or director or the receiver or trustate empowered to an excute this application is the resistation of the policy of the receiver or trustate empowered to an excute this application is provided for in chapter 607 or 617, F.S., further certify that I am an officer or director or the receiver or trustate empowered to an excute this application is the componition to the source of an excute the source of the sourc	Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 0 4 06 2001
33131 USA 33131 USA 7. Name and Address of Current Registared Agent 7. Name and Address of Current Registared Agent 8. It being appointed the Pophylared agent of the above named corporation, and familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. 10. It being appointed the Pophylared agent of the above named corporation, and familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. 10. It being appointed the Pophylared agent of the above named corporation, and familiar with and accept the obligations of section 607 0505 or 617 0503, F.S. 10. It cardly that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further cortify that when filling this reinstationment application. The reason for dissolution has been eliminated, the corporation are selfices the requirements of section 607 0401 (F.S., that all less owed by the corporation have been paid and the names of individuols believe from one one of quilify for an exemption under section 119,07(3)(), 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.		lorida	Miami, Flori	dg	5 2 - 2 2 2 0 8 6 4. Not Applicable
Street Address (P.O. Box Number is Not Acceptable) 12 SSO BISCAYNE BOULEUARD Suite. Apt. #, Etc. City NORTH South Address of Exp. Code FL 33 8 8. i, being appointed the freghtered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addressas of Exch. Officer and/or Directors (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors City / State / Zip ThickRy BOINARD SUITE ADDITIONARD STREET ADDITIONARD STREET ADDITIONARD STREET ADDITIONARD STREET ADDITIONARD SUITE ACCEPTANCE SUITE ADDITIONARD STREET ADDITIONARD STREE	_	· <u> </u>	33131 USP		CERTIFICATE OF STATUS DESIRED for a Certificate of Status
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director PD Thickey Bonnard Surce 2600, Miamy, Flo ends 33131 Since 1411 445155 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 filling 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 over the section of the receiver or trustee 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.	Street Addre Suite, Apt. # City 8. I, being appointed the Signature of Registered Agent	Pess (P.O. Box Number is N. 2 5 5 0 F. Etc. 4 0 5 F. Etc.	ot Acceptable) 1 S CA Y N E BOL We named corporation, am familiar with and EGISTERED AGENT MUST SIGN	JLEU	State Zip Code FL 33\8 a obligations of section 607.0505 or 617.0503, F.S. Date 02 26 2003
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 filling 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.	Tides	Name of Officers and/or Directors	Street Ad Officer a	idress of Eac	ach City / State / Zip
this reinstatement application, the reason for dissolution has been eminitated, the corporation that the corporation and the reason for dissolution has been eminitated, 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 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.	YD Thie	ary 10011	Naka Surce 2600		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this reinstatement ap owed by the corpora on this application is	pplication, the reason for dis tion have been paid and the true and accurate, and my	e names of individuals listed on this form do signature shall have the same legal effect a	not qualify for sif made und	for an exemption under section 119.07(3)(i), F.S. The information indicated under oath.