

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -6 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035084

1. Corporation Name

Global Communications Int'l Inc.

410014446094
03/21/03--01041--026 **750.00

02-03

2. Principal Office Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

2600

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

1001 Brickell Bay Drive

Suite, Apt. #, etc.

2600

City & State

Miami, Florida

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2001

5. FEI Number

52-2220864

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

OSCAR GRISALES-RACINI

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

12550 BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

405

City

NORTH MIAMI

State

FL

Zip Code

33181

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

[Signature]

Date

02/26/2003

REGISTERED AGENT MUST SIGN

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
<u>PD</u>	<u>Thierry Bonnard</u>	<u>1001 Brickell Bay Drive Suite 2600, Miami, Florida</u>	<u>33131</u>

500014446165
03/21/03--01041--027 **150.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

Date

Daytime Phone #

CR2E081 (10/02)