

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045048

1. Corporation Name

GLOBAL CONCEPT SOLUTIONS INC.

Principal Place of Business

11930 NW 29 MANOR  
SUNRISE FL 33323

Mailing Address

11930 NW 29 MANOR  
SUNRISE FL 33323

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

05/04/2001

5. FEI Number

65-1100969

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)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PD

NZEAKOR, CHRIS E

11930 NW 29 MANOR

SUNRISE FL 33323

VPD

NZEAKOR, MIGEL N

11930 NW 29 MANOR

SUNRISE FL 33323

200009005872

11/14/02--01067--011 \*\*150.00

8. Name and Address of Current Registered Agent

CORONA, MARITZA

269 N. UNIVERSITY DR.

SUITE J

PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name

CHRIS E. NZEAKOR

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

11930 NW 29 Manor

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33323

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/3/02

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 REQUIRED

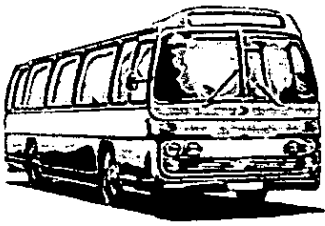
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-3-02

CR2E040 (8/02)



# Global Concept Solutions, Inc.

Transport Division

10/31/02

FLORIDA DEPT OF STATE  
Jim SMITH  
SECRETARY OF STATE,

SIR,

This letter is to confirm that I did not receive the initial letter which contained the application. As a result of this, I could not apply at a timely manner.

Enclosed is the check for \$150 being the required amount for my re-enstatement. I am very sorry for any inconvenience this will cause you and your staff.

Sincerely,  
Chris E. Nzeakor.  
PRESIDENT.