

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 27 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000066243

1. Corporation Name

GLOBALUNO, INC.

2. Principal Office Address

1000 PONCE DE LEON BLVD

3. Mailing Office Address

1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-05-2001

5. FEI Number

65-1118655

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

Express Corporate Filing Service, Inc

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

1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.

SUITE 101

City

CORAL GABLES

State

FL

Zip Code

33134

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

Janet Quile

REGISTERED AGENT MUST SIGN

Date APRIL 07, 2005

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
PSD	JOSE R PEDREIRA SOTO	1000 PONCE DE LEON BLVD - 101	CORAL GABLES, FL 33134
VT	JOSE O NAVARRO-OLIVA	1000 PONCE DE LEON BLVD - 101	CORAL GABLES, FL 332134

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 07, 2005

Date

Daytime Phone #

CR2E061 (01/05)

1000066 47:27 2005

**TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314**

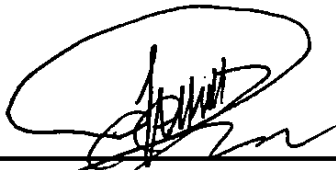
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read 'Jose R. Pedreira Soto', is written over a horizontal line.

**JOSE R. PEDREIRA SOTO
PRESIDENT**