

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0124

**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 Country
33134 USA

Zip Country
33134 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

REINSTATEMENT 04-05

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

500054222045

05/10/05--01077--001 **\$600.00

State Zip Code
FL 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 Quil

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:

Janet Quil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 07, 2005

Date

Daytime Phone #

CR2E061 (07/05)

RECORDED APR 27 2005

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

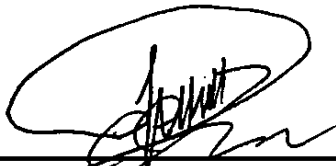
TO WHOM IT MAY CONCERN:

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,



**JOSE R. PEDREIRA SOTO
PRESIDENT**