


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -6 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000116044
1. Corporation Name
GLOBAL COLLATERAL CORPORATION

000060300500
10/06/05--01045--001 **600.00
CR2E081 (8/05)

| | | | |
|--|--|----------------|--|
| 2. Principal Office Address 1717 NO. BAYSHORE DR Suite, Apt. #, etc. 1655 City & State MIAMI, FLORIDA Zip 33132 | | Country USA | |
| 3. Mailing Office Address SAME Suite, Apt. #, etc. | | City & State | |
| Zip | | Country | |

| | |
|---|--------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 12/07/2001 |
| 5. FEI Number | 65-1159848 |
| Applied For | <input type="checkbox"/> |
| Not Applicable | <input type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED | <input type="checkbox"/> |

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
HERBERT W. ABRAMSON

Street Address (P.O. Box Number is Not Acceptable)
1717 NO. BAYSHORE DRIVE

Suite, Apt. #, Etc.
1655

City
MIAMI,

State
FL

Zip Code
33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of Registered Agent *Herbert W Abramson* Date **SEPT 30, 2005**

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 |
|--------|-----------------------------------|--|--------------------|
| PRES/D | RONALD P. HAMMERS | 1717 NO. BAYSHORE DR | MIAMI, FL 33132 |
| SEC/D | HERBERT W. ABRAMSON | 1717 NO. BAYSHORE DR | MIAMI, FL 33132 |
| | | | |
| | | | |

REINSTATEMENT 02-05

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: *Herbert W Abramson* HERBERT W ABRAMSON Date **SEPT 30, 2005** Daytime Phone # **305 381 9950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

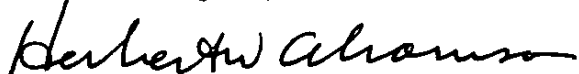
**GLOBAL COLLATERAL CORPORATION
1717 NORTH BAYSHORE DRIVE, SUITE 1655
MIAMI, FLORIDA 33132
TELEPHONE 305 381 9950 FAX 305 358 1888**

**FLORIDA SECRETARY OF STATE
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FLORIDA 32314**

**PLEASE BE ADVISED THAT WE NEVER RECEIVED ANY DOCUMENTS
ADVISING US TO FILE THE CORPORATE RETURNS AS WE HAD MOVED
FROM OUR PREVIOUS ADDRESS, 690 NORTHWEST 13TH STREET, MIAMI,
FL, 33136**

**WE ENCLOSE A CHECK FOR \$600.00 FOR REINSTATEMENT OF THE
CORPORATION.**

**PLEASE ADVISE IF ANY ADDITIONAL REQUIREMENTS ARE REQUIRED FOR
REINSTATEMENT.**



**HERBERT W. ABRAMSON,
SECRETARY/DIRECTOR**