


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # PO1000116044</b>			
<b>1. Corporation Name</b> GLOBAL COLLATERAL CORPORATION			
<b>2. Principal Office Address</b> 1717 NO. BAYSHORE DR Suite, Apt. #, etc. 1655 City & State MIAMI, FLORIDA Zip 33132		<b>3. Mailing Office Address</b> SAME Suite, Apt. #, etc.  City & State  Zip Country USA	

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

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10/06/05--01045--001 \*\*600.00

CR2E081 (8/05)

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/07/2001	
<b>5. FEI Number</b> 65-1159848	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
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

**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

SEPT 30, 2005 305 381 9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

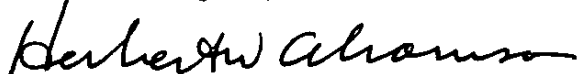
**GLOBAL COLLATERAL CORPORATION  
1717 NORTH BAYSHORE DRIVE, SUITE 1655  
MIAMI, FLORIDA 33132  
TELEPHONE 305 381 9950 FAX 305 358 1888**

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

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

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

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



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