PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 18 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118008

1. Corporation Name
N.M. GLOBAL Marketing Inc.

2. Principal Office Address	3. Mailing Office Address
2031 NE 163 rd st	2031 NE 163rd st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach FL	City & State: N. Miami Beach FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-13-2001

5. FEI Number: 80-0002483 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Natacha Mirambeaux

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-06/25/02--01052--013
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 2031 NE 163rd st.

Suite, Apt. #, etc.

City: N. Miami Beach State: FL Zip Code: 33160

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 _____ Date _____
REGISTERED AGENT MUST SIGN

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OWNER	NATACHA MIRAMBEAUX	2031 N.E. 163 St.	N. MIAMI, FL 33160

10. I certify that I am an officer or director of 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: Natacha Mirambeaux 5-17-2002 305-919-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #