

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 18 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000008605*

1. Corporation Name

GLOBAL ENTERPRISES INTERNATIONAL INC

2. Principal Office Address

1930 HARBOURSIDE DR.

3. Mailing Office Address

19 PETTIT CT

Suite, Apt. #, etc.

137

Suite, Apt. #, etc.

City & State

LONGBOAT KEY, FL

City & State

POTOMAC, MARYLAND

Zip

34228

Country

SARASOTA

Zip

20854

Country

MONTGOMERY

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

1/25/2002

5. FEI Number

75-3009234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-05

7. Name and Address of Current Registered Agent

Name

RALPH HUGHES

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

1930 HARBOURSIDE DR.

Suite, Apt. #, Etc.

#137

City

LONGBOAT KEY

State

FL

Zip Code

34228

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

Date

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
C/P	RALPH HUGHES	1930 HARBOURSIDE DR	LONGBOAT KEY, FL 34228

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05/08/05--01006--016 **1050.00

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:

Ralph Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05

301-258-8231

4/26/05

CR2ED01 (01/05)