PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000073361 DOCUMENT #

1. Corporation Name

GLOBAL EXPORTS, INC.

Principal Place of Business

Mailing Address

10645 HAMMOCKS BLVD. MIAMI FL 33196

10645 HAMMOCKS BLVD.

MIAM! FL 33196

gh incorrect information and enter correction below.	
New Mailing Office Address, If Applicable	4. D
Suite, Apt. #, etc.	1_

FILED

03 OCT 28 PM 5: 02

SECRETARY OF STATE TALLAHASSEE. FLORIDA

REINSTATIMENT 03



000024196950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.							10/28/0301018030 **150.00							
New Principal Office Address, If Applicable Suite, Apt, #, etc.			New Mailing Office Address, If Applicable Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida 07/05/2002							
151	75 S	W 108	TERR.	1517		W 108	TERR.	5.	FEI Numbe	1010	07-	2	Applied For	
City & State MiAMI FL.			City & State MIAMI FL			33-101207				Not Applicable				
33°	196	Country		Zip 33/9		Country		6.	CERTIEICATI	E OF STATUS	DESIRED (ditional Fee require ertificate of Status	
		dresses of Each	Officer and/	or Director (Flori	da nonprof	it corporations	must list at lea	ast 3	directors)					
Title(s)	2	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / I			City / State / Z	State / Zip	
ESIGENT	KAR	LÌNA	MEJI	A		75 SW 941;	108 1 FL . 33		4R 96	<u> </u>				
	}													

8. Name and Address of C	9. Name and Address of New Hegistered Agent					
		 Name				1
MEJIA, KARINA 10645 HAMMOCKS BLVD.		Street Addr	ess (P.O. Box Numbe	r is Not Acceptable)		
MIAMI FL 33196		Suite, Apt. #, E	#, Etc.			
		City			State Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 386-3524

October 23, 2003

Reinstatment of Corporation / Annual Report

To whom it may concern:

Our Company recieved the notice of administrative dissolution or revocation on October 13, 2003.

This was the only notice that was recieved from the Department of State, no prior uniform business report notices were recieved. At this time we ask that the reinstatement fee be waived and the corporation be returned to active status.

Enclosed please find the filing fee of \$150.00

Karisa Mejia

Thank your for your cooperation of the above mentioned matter, if you have any furter questions please feel free to contact me @ (305) 386-3524

Sincerly.

Karına Mejia