

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 AUG 12 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000121244

1. Corporation Name

Global Financial Investor Group Inc.

2. Principal Office Address

6245 N. Federal Hwy

Suite, Apt. #, etc.

401

City & State

FT Lauderdale

Zip

33308

Country

USA

3. Mailing Office Address

6245 N. Federal Hwy

Suite, Apt. #, etc.

401

City & State

FT Lauderdale

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/02

5. FEI Number

710912959

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Miller

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

2499 Glades Rd

Suite, Apt. #, Etc.

305A

City

Boca Raton FL

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/12/04

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
President	Mr THOMAS W. YOUNG JR	4917 Pelican Manor	Coconut Creek FL 33073

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 reasons 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(5)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/04

954 875 5946

04 AUG 12 PM 1:07

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

GLOBAL FINANCIAL INVESTORS GROUP, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$900.00

*Needs to be
backdated
to 8/12/04*

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*Thanks !
Gary*