

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129300

1. Corporation Name

GLOBAL COMMUNICATIONS +
ASSOCIATES, INC.

2. Principal Office Address

1532 CLARK STREET

Suite, Apt. #, etc.

City & State

CLEARWATER, FLA

Zip

33755

Country

USA

3. Mailing Office Address

1532 CLARK STREET

Suite, Apt. #, etc.

City & State

CLEARWATER, FLA

Zip

33755

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12-09-2002

5. FEI Number

06-1708382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTONIO I. CAUZE

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

1532 CLARK STREET

Suite, Apt. #, Etc.

City

CLEARWATER

100041904671

10/15/04--01070--015 **900 00

State

FL

Zip Code

33755

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

[Signature]

Date 10-5-04

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
DIR	ANTONIO I CAUZE	1532 CLARK STREET	CLEARWATER, FL 33755
DIR	RAMON VALDES	330 N 65th TERRACE	HOLLYWOOD, FL 33024

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)(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] ANTONIO CAUZE

10-5-04

727-443-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)