

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
2006 DEC 19 AM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # p03000008290

1. Corporation Name

GLOBAL 1 INVESTORS, INC

2. Principal Office Address

4839 VOLUNTEER ROAD

3. Mailing Office Address

4839 VOLUNTEER ROAD

Suite, Apt. #, etc.

256

Suite, Apt. #, etc.

256

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33330

Country

Zip

33330

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/2003

5. FSL Number

47-0906410

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**

ARTURO FREEMAN

500082944365

4839 VOLUNTEER ROAD

01703707--01008--003 \*\*\*45L 00

Suite, Apt. #, Etc.

256

DAVIE

State

FL

Zip Code

33330

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of  
Registered Agent

*Arturo Freeman*

REGISTERED AGENT MUST SIGN

Date 12/18/06

9. 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
P	ARTURO FREEMAN	4839 VOLUNTEER ROAD, #256	DAVIE, FLORIDA 33330

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 contained in Chapter 115, 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:

*Arturo Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/06

Daytime Phone #

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2004, 2005 AND 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A handwritten signature in black ink, appearing to read 'Arturo Freeman', written over a horizontal line.

ARTURO FREEMAN  
PRESIDENT