

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JUL 10 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000066086

1. Corporation Name

IKON GLOBAL SERVICES, INC

2. Principal Office Address - No P.O. Box #

1304 S.W. 160TH AVENUE

3. Mailing Office Address

1304 S.W. 160TH AVENUE

Suite, Apt. #, etc.

232

Suite, Apt. #, etc.

#232

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33326

Country

EEUU

Zip

33326

Country

EEUU

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

06/13/2003

**5. FEI Number
731670084**

☐ 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

GBS CONSULTANTS, INC.

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

18501 PINES BLVD

Suite, Apt. #, Etc.

SUITE 201

City

PEMBROKE PINES

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]
REGISTERED AGENT MUST SIGN

Date **6/30/2009**

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
P	MONTERO, GUSTAVO A	1304 S.W. 160TH AVENUE # 232	SUNRISE, FL 33326
VP	MONTERO, GUSTAVO A	1304 S.W. 160TH AVENUE #232	SUNRISE, FL 33326
S	MONTERO, GUSTAVO A	1304 S.W. 160TH AVENUE #232	SUNRISE, FL 33326
T	MONTERO, GUSTAVO A	1304 S.W. 160TH AVENUE #232	SUNRISE, FL 33326

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 119, 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] **Gustavo Montero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/2009
Date

454 654 8835
Daytime Phone #

B. Attached

III 10 2009