

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

06 JUL 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000077117

1. Corporation Name

Global ADS Corp.

REINSTATEMENT

04-06 DEC

CR2E081 (12/05)

2. Principal Office Address
11801 NW 100 Rd

3. Mailing Office Address
11801 NW 100 Rd

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
Suite 1

City & State
Miami, FL

City & State
Miami, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 7-14-03

5. FEI Number

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
Carlos Perez

Street Address (P.O. Box Number is Not Acceptable)
15847 SW 16 Street

Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33027

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

Carlos Perez

Date 7-14-06

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
P.S	Carlos Perez	15847 SW 16 Street	Pembroke Pines, FL 33027
VP	Alejandro Antonini	11801 NW 100 Rd.	Miami, FL 33178

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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:

Carlos Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-06

Date

(305) 477-7447

Daytime Phone #