2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000116755

1. Entity Name
GLOBOX CORPORATION

FILED
05 MAY 31 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7193 SW 8TH ST MIAMI, FL 33144	7193 SW 8TH ST MIAMI, FL 33144

05272005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0319623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOHORQUEZ, LILIANA 154-57 SW 50 LN MIAMI, FL 33185	Name: Helman A. Acosta Street Address (P.O. Box Number is Not Acceptable): 7193 S.W. 8th Street City: Miami, FL Zip Code: 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 05/27/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CASTRO, JOSE G 154-57 SW 50 LN MIAMI, FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOHORQUEZ, LILIANA A 154-57 SW 50 LN MIAMI, FL 33185	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CHAPARRP, OSCAR E CRA 15 # 84-24 BOGOTA, COLOMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS Oscar E. Chaparro 7193 S.W. 8th Street Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ACOSTA, HELMAN A CRA 15 # 84-24 BOGOTA, COLOMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT Helman A. Acosta 7193 S.W. 8th Street Miami, FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900055541849 05/31/05--01085--006 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Helman A. Acosta 05/27/05 305-261-8584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #