


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05000001556			
1. Corporation Name GLOBAL VOICE NOC, INC.			
2. Principal Office Address - No P.O. Box # 1000 Brickell Avenue		3. Mailing Office Address 1000 Brickell Avenue	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 01/04/2005			
5. FEI Number 202095773			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Villanueva, Bajandas & Fitzgerald, LLP			
Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue			
Suite, Apt. #, Etc. Suite 200			
City Miami		State FL	Zip Code 33131
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		Date 8/4/2010	
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/D	Gilbert Pasquet	2620 S.W. 27th Avenue	Miami, Florida 33133
10. E-mail Address: lourdes@vblawyers.com			
(To be used for future annual report notification)			
11. 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. I further certify 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:		Gilbert Pasquet 8/4/2010	305-377-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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