

JUN. 25. 2008 2:47PM

CAPITAL CONNECTION

H08.04NO. 736784P. 2/2

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # PO5000057636																															
1. Corporation Name Global ACAIS Network, Inc.																															
2. Principal Office Address - No P.O. Box # 4809 E Busch Blvd. Suite, Apt. #, etc. Ste 201-I City & State Tampa, FL Zip 33617		3. Mailing Office Address 4809 E Busch Blvd Suite, Apt. #, etc. Ste 201-I City & State Tampa, FL Zip 33617																													
4. Date Incorporated or Qualified To Do Business in Florida 04/19/2005		5. FEI Number ☒ Applied For ☐ Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status		7. Name and Address of Current Registered Agent Name D & T Management Group, Inc. Street Address (P.O. Box Number is Not Acceptable) 4809 E Busch Blvd Ste 201 Suite, Apt. #, Etc. Ste 201 City Tampa																													
State FL		Zip Code 33617																													
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 <u>06/23/08</u> REGISTERED AGENT MUST SIGN																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>F, T</td> <td>Hernandez, Lisardo F SR</td> <td>Puerto De Morcuera 29 BJ</td> <td>Madrid ES 28018</td> </tr> <tr> <td>VP</td> <td>Marugan, Sonia D SR</td> <td>1000 Ponce de Leon Blvd, Ste 101</td> <td>Miami, FL 33134</td> </tr> <tr> <td>S</td> <td>Pedreira, Jose R SR</td> <td>1000 Ponce de Leon Blvd, Ste 101</td> <td>Miami, FL 33134</td> </tr> <tr> <td>D</td> <td>Todd Mautner</td> <td>19239 N. Dale mabry Hwy. #114</td> <td>Lutz, FL 33548</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	F, T	Hernandez, Lisardo F SR	Puerto De Morcuera 29 BJ	Madrid ES 28018	VP	Marugan, Sonia D SR	1000 Ponce de Leon Blvd, Ste 101	Miami, FL 33134	S	Pedreira, Jose R SR	1000 Ponce de Leon Blvd, Ste 101	Miami, FL 33134	D	Todd Mautner	19239 N. Dale mabry Hwy. #114	Lutz, FL 33548								
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>06/23/08</u> Daytime Phone # <u>813-985-2733</u>																													

REINSTATEMENT

 FILED
 2008 JUN 25 AM 10:00
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

JUN. 25. 2008 2:47PM
Division of Corporations

CAPITAL CONNECTION

NO. 7367 P. 1/2
Page 1 of 1

2052

Florida Department of State
Division of Corporations
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Account Number : I20000000257
Phone : (850)224-8870
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CORPORATION REINSTATEMENT

GLOBAL ACAIS NETWORK INC

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