

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 22 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **POS000101974**

1. Corporation Name

**Global Investments & Management
Inc**

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

1529 Sunrise Plaza

Suite, Apt. #, etc.

4

City & State

Clermont FL

Zip

34714

Country

Lake

3. Mailing Office Address

135181

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34713

Country

Lake

REINSTATEMENT 07-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

203176189

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

LOUIS WITTER

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

8821A Coral Palm Court

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34747

☐ 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 **01/17/08**

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
President	LOUIS WITTER	8821A Coral Palm Ct	Kissimmee FL 34747
DIR	VERNA STEWART	8821A Coral Palm Ct	Kissimmee FL 34747
DIR	MARVIN GATLIN	4765 Sparrow Dr	St Cloud FL 34772
Treasurer	ELAINE WITTER	243 Summer Place Loop	Clermont FL 34714
Secretary	BEATA AMBROZIAK	11018 Windchime Cir	Clermont FL 34711
LAUSE			

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS WITTER

Date

01/17/08 (321) 946 9944

Daytime Phone #

jc 1/25