

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB -2 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 906000012901

1. Corporation Name

GLOBAL EVENTS INTERNATIONAL, INC.

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

160 W. CAMINO REAL

Suite, Apt. #, etc.

#123

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Office Address

160 W. CAMINO REAL

Suite, Apt. #, etc.

#123

City & State

BOCA RATON, FL

Zip

33432

Country

USA

REINSTATEMENT

CR2E081 (12/08)

07-09

4. Date Incorporated or Qualified
To Do Business in Florida

01-25-2006

5. FEI Number

20-4178511

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

AMM RALEY

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

350 SW 13th ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

AMM RALEY

REGISTERED AGENT MUST SIGN

Date

01-23-09

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
PRES	AMM RALEY	350 SW 13th ST	BOCA RATON, FL 33432

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.

AMM RALEY