


FILING CANCELLED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED
10 JUL -6 PM 1:23

DOCUMENT # **P07000032889**

1. Corporation Name

**Global Exchange Management
Group, Inc.**

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

1761 W. Hillsboro Blvd.

Suite, Apt. #, etc.

104

City & State

DEERFIELD BEACH, FL

Zip

33442

Country

USA

3. Mailing Office Address

1761 W. Hillsboro Blvd #104

Suite, Apt. #, etc.

104

City & State

DEERFIELD BEACH

Zip

33442

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2007

5. FEI Number

☒ 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

Wesley Paul

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

1732 S. Congress Ave

Suite, Apt. #, Etc.

295

City

LAKE WORTH

State

FL

Zip Code

33461

REINSTATEMENT 08-10

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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 **06/22/2010**

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	Wesley Paul	1732 S. Congress Ave LAKE WORTH, FL 33461	LAKE WORTH FL 33461

10. E-mail Address:

american.dollarbymail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/22/2010 954471 4206

Date

Daytime Phone #

7/8aw