

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 10:19

DOCUMENT # P10000060073

1. Corporation Name **GLOBAL EZ RIDES INC**

700243238787
01/02/13--01023--006 **750.00

2. Principal Office Address - No P.O. Box #
4701 S.W 45 ST
Suite, Apt. #, etc.

3. Mailing Office Address
BLOG-8-BAY #23
Suite, Apt. #, etc.

DAVIE, FLORIDA
City & State

City & State

Zip **33314** Country **DAVIE**

Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **7/2/10**

5. FEI Number
27 3089706

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DES RED **\$8.75** Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SAINTADIEU PIERRE
Street Address (P.O. Box Number is Not Acceptable)
2207 S.W 68 TH Terrace
Suite, Apt. # Etc

City **MIRAMAR** State **FL** Zip Code **33023**

REINSTATEMENT 2012

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

Handwritten Signature

REGISTERED AGENT MUST SIGN

Date **12-27-12**

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	PIERRE SAINTADIEU	2207 SW 68th Terr	MIRAMAR, FL 33023

10. E-mail Address: **Pete.Pierrea@yahoo.com**
(To be used for future annual report notification)

DEC 31 2012

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-27-12

Daytime Phone #