PLEASE READ ALL INS	TRUCTIONS	BEFORE C	COMPLET	ING THIS FOR	M.
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandio B. Morthan Peter 1. St. VISION O COLORA IGNS			· · · · · · · · · · · · · · · · · · ·		
DOCUMENT # 193000014738		SELECTION RELOCATION SELECTION RELOCATION			
Global International Finance In				1 1 1 min 24 m2 .	FLURIDA
Principal Place of Business Mailing Address			<u> </u>		
18529 N.W 67 Ave Suite-345					
Miami, FL. 33015			REMSTATEMENT 95-99		
If above addresses are incorrect in any way, line through incorrect 2. New Principal Office Address, If Applicable 3. New Mai 900 west 49 street			DO NOT WRITE IN THIS prated or Qualified pess in Florida 2	SSPACE	
Suite, Apt. #, etc. Suite - 438 Suite	#. etc. Suite, Apt. #, etc. Suite - 438		5. FEI Number		4pplied For
Hialeah, Florioa Hialea	an two	100	62.0	988433	Not Applicable
Zip 33012 Country 2008 Zip 330	21.9- Contro	ave		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Fix Name of Officers	orida nonprolit corporal	tions must list at lea			
2 3 (Do NOT Us		icer and/or Director ie Post Office Box N		City /	'State / Zip
God Voleini Abreu 900 we		डा ५० डो	reel	Hialeah,7	-C1068 13
suite # 4?		438			
			5000029058851 -06/16/9901003011		
			***1350.00 ***1350.00		
			-		
8. Name and Address of Current Registered Ago	ent		9. Name and A	ddress of New Registers	d Agent
PHilip Young	Name Yoleioi Abreu				
5036 Siv 88 TERR Street Add					
COOPER CITY FL 33328 # 438					
		Hialea	ah:	F	T SSOID
10. I, being appointed the registered agent of the above named corporations of	oration, am familiar witl	h and accept the ob	ligations of Section	on 607.0505, F.S. Date 06-05	1- 99
REGISTERED AG	ENT MUST SIGN		·	Date Ox	
11. Does this corporation pay any intang Dept. of Revenue under S. 199.032,	gible tax to the Florida Statu	e ites. Yes [□ No 🗵		side for information tangible tax.)
12. I do hereby certify that the information supplied with this filing is lease the Division of Corporations from any liability of non-complicerify that I am an officer or director or the receiver or trustee e this reinstatement application the reason for dissolution has beefees owed by the corporation have been paid. The information under oath.	iance with Section 119 mpowered to execute on eliminated, the corp	.07(3)(k) in the ever this application as p orate name satisfie:	of that the information of the contract of the	ation supplied is deemed e apter 607 or 617, F.S. I fu Is of section 607,0401 or i	exempt from public access ! [1] In their certify that when filing 617.0401, F.S., and that all
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	Abrey SIGNING OFFICER OR D	IRECTOR	Q\$	-09-99 (305)827-2613 Daytime Phone #