PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~ 99AR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 30 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085616

1. Corporation Name

GLOBAL AUTOS INC.

Principal Place of Business	Mailing Address
5475 S O.B.T ORLANDO FL 32839 US	5475 S O.B.T ORLANDO FL 32839 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

06/30/99 90009 003 $150

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
GLOBAL AUTOS INC		12/10/1993
Suite, Apt. #, etc. 1730 A Lee Rd	Suite, Apt. #, etc. 1730 A LEE RD	5. FEI Number 59-3214333 — Applied For ☐ Not Applicable ☐
City & State ORLANDO FL	City & State ORLANDO, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip 32810 — Country ORANGE	Zip 32810 — Country ORANGE	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARSHAD, JAVED	10314 LA GUARDIA CT.	ORLANDO FL 32821
			800003105658--5 -01/21/00--01004--019 ****400.00 ****400.00

8. Name and Address of Current Registered Agent

ARSHAD, JAVED
10314 LA GUARDIA CT.
11952 REEDY CREEK DR #104
ORLANDO FL 32836

9. Name and Address of New Registered Agent

Name: JAVED ARSHAD
Street Address (P.O. Box Number is Not Acceptable): 6757 Sammer Ct
Suite, Apt. #, Etc.:
City: ORLANDO — State: FL — Zip Code: 32819

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Javed Arshad — Date:
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Javed Arshad — 12/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #