

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR *RE*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

97 JAN 13 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000073057

1. Corporation Name

GLOBAL ENVIRONMENTAL MANAGEMENT RESOURCES, INC.

Principal Place of Business

Mailing Address

2191 SW 27TH LANE  
FT. LAUDERDALE, FL 33312

2191 SW 27TH LANE  
FT. LAUDERDALE, FL  
33312

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable  
177 TELEGRAPH ROAD

3. New Mailing Address, If Applicable  
177 TELEGRAPH ROAD

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/94

Suite, Apt. #, etc.

STE 651

Suite, Apt. #, etc.

STE 651

5. FEI Number

65-0526528

Applied For

Not Applicable

City & State

BELLINGHAM, WA

City & State

BELLINGHAM, WA

Zip

98226

Country

USA

Zip

98226

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CAJKAS, ERNE	<del>177 TELEGRAPH RD, STE 651</del> 3500 NW 96 <sup>TH</sup> AVE	<del>BELLINGHAM, WA 98226</del> HOLLYWOOD, FLORIDA 33024
			100002058721--7 -01/15/97--01027--021 *****445.00 *****445.00
			100002058721--7 -01/15/97--01027--022 *****95.00 *****95.00

REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent

CAJKAS, ERNE  
177 TELEGRAPH ROAD, STE 651  
BELLINGHAM, WA 98226

(Same as above)

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/6/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 terminated, 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. 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

*[Signature]*

Date

12/6/96

Daytime Phone #

CR2E040 (12/95)