APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT # **P95000049132**

1. Corporation Name

GLOBAL INVESTMENT RESEARCH CORP.

Principal Place of Business	Mailing Address
301 MARINES ISLAND BLVD STE 175 SAN MATEO CA 94404	3051 SW 77TH CT MIAMI FL 33155

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1301 Shoreway Rd	
Suite, Apt. #, etc. Suite 125	Suite, Apt. #, etc.
City & State Belmont CA	City & State
Zip Code 94002	Country USA
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/23/1995

5. FEI Number: 65-0605886 — Applied For / Not Applicat

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee requ for a Certificate of Statu

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	4 City / State / Zip
P	FONTANILLS, GEORGE	3051 SW 77TH CT	MIAMI FL 33155
CEO	CAWOOD, RICHARD	3051 S.W. 77TH CT.	MIAMI FL 33155
Co.	Clemenson, Tony	3051 SW 77th Ct	Miami FL 33155
VP	Gentile, Tom	3051 SW 77th Ct	Miami FL 33155
			100004730441--4 -12/18/01--01030--011 ****208.75 ****208.75
			100004730441--4 -12/18/01--01030--012 ****350.00 ****350.00

8. Name and Address of Current Registered Agent

FONTANILLS, GEORGE
~~2320 SOUTHWEST 57TH STE 200~~ 3051 SW 77th Ct
~~MIAMI FL 33155~~ Miami, FL 33155

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 _____ Date 10/17/01

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 fili 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 fee 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 indi on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 10/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #