

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000054709

1. Corporation Name

GLOBAL EQUITY, INC.

Principal Place of Business

10 FAIRWAY DRIVE
STE. 209
DEERFIELD BEACH FL 33441
US

Mailing Address

10 FAIRWAY DRIVE
STE. 209
DEERFIELD BEACH FL 33441
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

Title(s)	2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	Street Address of Each Officer and/or Director	4	City / State / Zip
D		SIGGINS, JOSEPH P		5241 NORTHWEST 89TH DRIVE		CORAL SPRINGS FL 33067
D		GROSSMAN, NEIL W		4102 COCOPLUM CIRCLE		COCONUT CREEK FL 33063
					9100002413429--9 -01/27/98-01083-011 ****900.00 ****900.00	

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name *Neil W. Grossman*
Street Address (P.O. Box Number Is Not Acceptable)
4102 Cocoplum Circle
Suite, Apt. #, Etc.
Coconut Creek
City *Coconut Creek* State *FL* Zip Code *33063*

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

Neil W. Grossman

REGISTERED AGENT MUST SIGN

Date *1-13-98*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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:

C. Jay P. S. P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-78 954-725-8005

Date

Daytime Phone #

CR25040 (8/97)