

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000080448**

1. Corporation Name

Global Exploration, INC

2. Principal Office Address - No P.O. Box #

5801 Reims Place

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

U.S.A.

3. Mailing Office Address

5801 Reims Place

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Lawrence Swan

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

709 Cape Coral Pkwy West

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Lawrence Swan

REGISTERED AGENT MUST SIGN

Date

4/13/10

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, C, P, T, S, V	Yvonne Breska	5801 Reims Place	Fort Myers, FL 33919
			M. MILLIGAN EXAMINER
			JUN 16 2010

10. E-mail Address: **yvonnebreska @ comcast. net**

(To be used for future annual report notification)

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. I further certify, 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:

Yvonne Breska

Yvonne Breska

Date

4/13/10

Daytime Phone #

239-603-6734

FILED

10 JUN 14 PM 1:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400175826404
04/14/10--01045--011 **750.00

REINSTATEMENT 04-10

GR2E084 (4-1009)

4. Date Incorporated or Qualified To Do Business in Florida

11/25/1997

5. FEI Number

65-6661694

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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