PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95-93997

1. Corporation Name
HTTP://WWW.GSNCOM.COM
GLOBAL SHOPPING NETWORK, INTERNET ADVERTISERS, INC.

Principal Place of Business
2190 SE 17TH ST.
SUITE 212
FORT LAUDERDALE, FL. 33316

Mailing Address

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

REINSTATEMENT 96AD
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 12-11-95

5. FEI Number: 65-0346972 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
CHAIRMAN	ANTHONY TARLEY REID	200 NE 14TH ST #20 Ft. Lauderdale, FL. 33301	Fort Lauderdale, FL. 33301
TREAS	KAREN MARTIN	1401 CORDOVA RD #601	Ft. Lauderdale FL 33316
			000002007870--5 -11/19/96--01081--012 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

~~AGENT~~ LAWRENCE J. SPIEGEL
343 ALMERIA AVE
CORAL GABLES
FL. 33134

9. Name and Address of New Registered Agent

Name: ANTHONY REID
Street Address (P.O. Box Number is Not Acceptable): 2190 SE 17TH ST
Suite, Apt. #, Etc.: #212
City: Ft. Lauderdale State: FL Zip Code: 33316

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: A. Tarley-Reid Date: 11-18-96

REGISTERED AGENT MUST SIGN

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 eliminated, 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: A. Tarley-Reid 11-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)