


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morthum Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;"> <b>APPROVED AND FILED</b> </div> 1997 JAN 10 AM 9: 23  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>95000094658</u> 1. Corporation Name <b>GLOBAL BUSINESS MANAGEMENT CORP.</b>				<b>500002057465--8</b> -01/14/97--01141--019 ***375.00 ***375.00	
Principal Place of Business <b>777 DELTONA BLVD SUITE 8 DELTONA, FL 32725</b>		Mailing Address (Empty)		DO NOT WRITE IN THIS SPACE	
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>12-11-95</b> 5. FEI Number <b>59-3348600</b> 6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PRESIDENT	JOHN VEGA	1849 CROWLEY CIR E	LONGWOOD, FL 32779		
V	GERALD PERSAUD	694 JAMESTOWN BLVD SUITE 2260	ALTAMONTE SPRINGS FL, 32714		
S	FREDDY VEGA	694 JAMESTOWN BLVD SUITE 2260	ALTAMONTE SPRINGS FL 32714		
T	IVAN VEGA	1849 CROWLEY CIR E	LONGWOOD, FL 32779		
<b>REINSTATEMENT</b> <i>al</i> <i>1/13/97</i>					
8. Name and Address of Current Registered Agent <b>DAVID COWEN 2345 SANDLAKE RD SUITE 120 ORLANDO, FL 32809 407 855-3333</b>			9. Name and Address of New Registered Agent Name <b>Charles R. Harrison</b> Street Address (P.O. Box Number is Not Acceptable) <b>1400 W. Fairbanks</b> Suite, Apt. #, Etc. <b>Ste 203</b> City <b>Winter Park</b> State <b>FL</b> Zip Code <b>32789</b>		
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 <i>Charles R. Harrison</i> Date <b>1/9/97</b> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>[Signature]</i> <b>1-9-97 (407) 860-7787</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E040 (12/95)