

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 # P96000066754

1. Corporation Name

GLOBESTAR INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

300 Fifth Avenue, S., Suite 300
Naples, FL 34102

REINSTATEMENT

FILED

97 DEC -5 PM 12:0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

300 Fifth Ave., S #300
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

August 12, 1996

5. FEI Number

59 3402959

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

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
1	2	3	4
Pres/ Secy./ Treas.	David Reeder	3999 Rum Row	Naples, FL 34102

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-12/10/97-01112-007
****758.75 ****758.75

12-5-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David Reeder
300 Fifth Ave., S., #300
Naples, FL 34102

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

David Reeder

REGISTERED AGENT MUST SIGN

Date 12/4/97

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 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:

David Reeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/97 (941) 403-3948
Date Daytime Phone #

CR2E040 (12/96)