

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
Jun 27, 2002 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **296000078937**

1. Corporation Name
Global Partner IN Networking

2. Principal Office Address 3701 FAU Blvd		3. Mailing Office Address 3701 FAU Blvd	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country	Zip 33431	Country

4. Date Incorporated or Qualified To Do Business in Florida **09/23/1996**

5. FEI Number **65-0707899** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Robin Neilen**

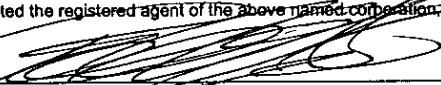
Street Address (P.O. Box Number is Not Acceptable) **3901 FAU Blvd**

Suite, Apt. #, Etc. **100**

City **BOCA RATON FL** State **FL** Zip Code **33431**

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 ****300.00 ***300.00

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.

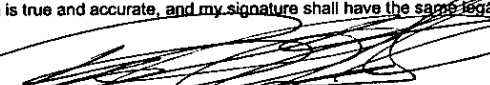
Signature of Registered Agent  Date **6/26/02**

REGISTERED AGENT MUST SIGN

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
LEO	ROBIN NEILEN	3701 FAU Blvd Suite 100	BOCA RATON FL 33431

10. 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:  Date **6/26/02** Daytime Phone # **561-322-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)