

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078937**

1. Corporation Name

**GLOBAL PARTNERS IN NETWORKING, INC.**

Principal Place of Business

3701 NW FAU BLVD  
BOCA RATON FL 33431

Mailing Address

3701 NW FAU BLVD  
BOCA RATON FL 33431



**REINSTATEMENT 03**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1996

Suite, Apt. #, etc.

~~2603 Challenger Tech Ct SE 170~~  
City & State  
**Orlando, FL**

Suite, Apt. #, etc.

~~2603 Challenger Tech Ct SE 170~~  
City & State  
**Orlando, FL**

5. FEI Number

65-0707899

Applied For

Not Applicable

Zip Country  
**32826 USA**

Zip Country  
**32826 USA**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	NEILEN, ROBIN A	3701 NW FAU BLVD	BOCA RATON FL 33431

300024170479  
10/27/03--01080--023 \*\*750.00

8. Name and Address of Current Registered Agent

NEILEN, ROBIN A  
3901 NW FAU BLVD  
SUITE 100  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name  
**Robin A. Neilen**  
Street Address (P.O. Box Number is Not Acceptable)  
**2603 Challenger Tech Ct. ~~330100~~**  
Suite, Apt. #, Etc.  
**Suite 170**  
City  
**Orlando**  
State  
**FL**  
Zip Code  
**32826**

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (407) 282 0664

CR2E040 (7/03)