

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
32826

Country
USA

Zip
32826

Country
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

Date

10/15/03

REGISTERED AGENT MUST SIGN

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

10/15/03 (407)282 0664

Daytime Phone #

CR2E040 (7/03)