

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # Pa6000104101

1. Corporation Name

Global Business Resources, Inc.

Principal Place of Business

Mailing Address

95 N Birch Road #701
Fort Lauderdale FL 33304

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

2. New Principal Office Address, If Applicable

22154 Martella Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

22154 Martella Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33433

Country

City & State

Boca Raton

Zip

33433

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida

11/1/97

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee is 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>Pres</u>	<u>Peter J. Goldstein</u>	<u>22154 Martella Ave</u>	<u>Boca Raton FL 33433</u>

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***900.00 ***900.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Peter Goldstein
95 N Birch Road #701
Fort Lauderdale FL 33304

Name Peter Goldstein
Street Address (P.O. Box Number is Not Acceptable) 22154 Martella Ave
Suite, Apt. #, Etc.

City Boca Raton

State FL

Zip Code 33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

Peter Goldstein

REGISTERED AGENT MUST SIGN

Date 10/20/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

Peter J. Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99
Date

561 218 8538
Daytime Phone #

CR25081 (12/98)