

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 # **P97000002340**

1. Corporation Name

GLOBAL EUROPEAN TECHNOLOGIES, INC.

Principal Place of Business

2839 NE 28TH COURT
LIGHTHOUSE POINT FL 33064

Mailing Address

2839 NE 28TH COURT
LIGHTHOUSE POINT FL 33064

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1997

5. FEI Number

65-0728895

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
D	ROSEN, JAMES	6371 COW PEN ROAD, SUITE 1006	MIAMI LAKES FL 33064
D	ROBEYNS, MARC	2839 NE 28TH COURT	LIGHTHOUSE POINT FL 33064
D	ROBEYNS, MARTIN	2839 NE 28th COURT	LIGHTHOUSE POINT, FL 33064
D	DRIESEN, PAUL	2839 NE 28th COURT	LIGHTHOUSE POINT, FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSEN, JAMES
6371 COW PEN ROAD
SUITE 1006
MIAMI LAKES FL 33064

Name

MARC ROBEYNS

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

2839 NE 28th Court

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code
33064

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/18/98

11. This corporation owes or has paid 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

12/18/98 784-1400

Date

Daytime Phone #

FILED

98 DEC 21 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT