

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 9: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011987

1. Corporation Name

Global Risk Alternatives, Inc.
1909 Tyler Street

2. Principal Office Address

Global Risk Alternatives, Inc.

3. Mailing Office Address

1909 Tyler Street

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

601

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida 02-03-97

5. FEI Number
65-0726954

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

Gregor Gregory

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

4408 Pierce Street

Suite, Apt. #, Etc.

City

Hollywood,

State

FL

Zip Code

33021

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

[Signature]

REGISTERED AGENT MUST SIGN

Date November 3, 2004

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
Chairman	Robert T. Heusinkveld	5508 Cavendish Ct	Plano, Texas 75093
Pres	Gregor Gregory	4408 Pierce Street	Hollywood, Florida 33021
Sec	Martin Smith	7901 S.W. 36th. Street # 100	Davie, Florida 33328

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-03-04

Date

954-920-2772

Daytime Phone #

CR2E081 (01/04)