

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine J. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000042025

1. Corporation Name

GLOBAL ENTERTAINMENT MANAGEMENT
SERVICES, INC.

Principal Place of Business

Mailing Address

4706 N. THATCHER AVE. 4706 N. THATCHER AVE.
TAMPA, FL 33614 TAMPA, FL 33614

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-347-1539

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	TODD SCIME	4706 N. THATCHER AVE	TAMPA, FL 33614
			100004700661--3 -11/30/01--01055--033 ***600.00 ***600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TODD SCIME
4706 N. THATCHER AVE.
TAMPA, FL 33614

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 9-4-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-01

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September 4, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To Whom It May Concern:

A check in the amount of \$600.00 is enclosed as per Michelle/Division of Corporations. I spoke with Michelle on September 4, 2001, and was advised that all documents sent to me from the State had been returned unopened. We had never received any documents regarding this corporation. Therefore, only a \$600.00 fee would be required to reinstate this corporation.

If you have any questions, please feel free to contact me at 813 872-7768.

Thank You.

Respectfully yours,



Todd Scime