

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

05 NOV 23 PM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000070240

1. Corporation Name

MYGLOBALCONCIERGE.COM, INC.

600061663536  
11/23/05--01021--008 \*\*1350.00

2. Principal Office Address

1243 N. Western Ave

Suite, Apt. #, etc.

A-16

City & State

Lakeforest, IL

Zip

60045

Country

USA

3. Mailing Office Address

1243 N. Western Ave

Suite, Apt. #, etc.

A-16

City & State

Lakeforest, IL

Zip

60045

Country

USA

**REINSTATEMENT**

01-05

4. Date Incorporated or Qualified  
To Do Business in Florida

F-13-1997

5. FEI Number

650773497

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

Bill Gates

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

6747 old BAYON way

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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

Bill Gates

Date

9/14/05

REGISTERED AGENT MUST SIGN

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
Pres	L. Mellor	1243 N Western Ave A16	Lakeforest IL 60045
Sec	L. Mellor	1243 N Western Ave A16	Lakeforest IL 60045
TRES	L. Mellor	1243 N Western Ave A-16	Lakeforest IL 60045

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

L. Mellor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/05

Date

312-324-0294

Daytime Phone #