

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 # P97000096129

1. Corporation Name

GLOBAL HOSPITALITY MARKET, CONVENTIONS & PRODUCTIONS ASSOCIATES, INC.

Principal Place of Business

3550 BISCAYNE BLVD SUITE 200/2
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD SUITE 200/2
MIAMI FL 33137

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.

202

Suite, Apt. #, etc.

202

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33137

Country U.S.A.

Zip

33137

Country U.S.A.

REINSTATEMENT

4. Date Incorporated or Date To Do Business in Florida

11/10/1992

5. FEI Number

65-0794709

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) 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
P.	ALCAYAGA, MARCOS	3550 BISCAYNE BLVD SUITE 200/2	MIAMI FL 33137
D.	SILVA, EUGENES R. A.	8219 SW 72ND AVE APT 142	MIAMI FL 33143
V.	ESCOBAR, GERMAN	15023 S.W. 90 TERR.	MIAMI, FL. 33196
			400002770904 - 3 -02/10/99 - 01004 - 009 *****700.00 *****700.00
			400002770904 - 3 -02/10/99 - 01004 - 010 *****50.00 *****50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALCAYAGA, MARCOS

3550 BISCAYNE BLVD SUITE 200/2
MIAMI FL 33137

Name

400002770904 - 3

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

-02/10/99 - 01004 - 011

Suite, Apt. #, Etc

*****150.00 *****150.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date January 12th, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

01-12th, 99 (35) 576-4403

Date: 1 Defective Printout

CR2E040 (9/98)