

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

GLOBAL MARKETING PARTNERS, INC.

Principal Place of Business

Mailing Address

~~583 S.W. 179 AVENUE~~
~~PEMBROKE PINES FL 33029~~
US

~~914 MATANZAS AVENUE~~
~~CORAL GABLES FL 33146~~

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
BELLA VISTA, ARKANSAS

City & State
BELLA VISTA, ARKANSAS

Zip
72714

Country
USA

Zip 72714

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

12/05/1997

SP

5. FEI Number

65-0799038

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	WHITE, JOHN B III	583 S.W. 179 AVENUE 9 GARLAND DRIVE	PEMBROKE PINES FL 33029 BELLA VISTA, ALKANSAS 72714
DVP	HAYES, JOHN D	583 S.W. 179 AVENUE 1412 FARGO BLVD.	PEMBROKE PINES FL 33029 GENEVA, IL 60134
S	LIPSON, GARY D	914 MATANZAS AVENUE	CORAL GABLES FL 33146
			000003768890--0 -02/26/01--01152--020 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

LIPSON, GARY D
914 MATANZAS AVENUE
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc.

City

FL

Zip Code	
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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 2/14/01

11. 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

Date _____

Daytime Phone #

CR2E040 (8/00)