

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000002687

1. Corporation Name

Global Net Trading, Inc.

Principal Place of Business

Mailing Address

8235 NW 64th St.  
Bay No. 3  
Miami, FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8235 NW 64th St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay No. 3

City & State  
Miami, FL

City & State

Zip  
33166

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01-12-98

5. FEI Number

☒ 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Andy R. Morgan	8235 NW 64th St. Bay No. 3	Miami, FL 33166
VSD	Beverly E. Morgan	8235 NW 64th St. Bay No. 3	Miami, FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Andy R. Morgan  
8235 NW 64th St.  
Bay No. 3  
Miami, FL 33166

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 9-9-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andy R. Morgan

9-9-99

Date

305-471-9616

Daytime Phone #

CR20040 (12/98)

FILED

99 SEP 13 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000002389290--8  
-09/17/99--01005--001  
\*\*\*\*550.00 \*\*\*\*550.00

SP