

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 21 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013216

1. Corporation Name

GLOBAL COMMERCIAL GROUP, INC.

Principal Place of Business

200 W. FORSYTH ST.
SUITE 800
JACKSONVILLE FL 32202

Mailing Address

3953 ST ISABEL DRIVE EAST
JACKSONVILLE FL 32277

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

2. New Principal Office Address, If Applicable

5575 Forrest Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5575 Forrest Drive
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1998

5. FEI Number

59-3491581

Applied For

Not Applicable

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

32065

Country

USA

Zip

32065

Country

USA

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	City / State / Zip
1	2	3	4
PD	STROUPE, GARY R	3953 ST ISABEL DRIVE EAST	JACKSONVILLE FL 32277
STD	STROUPE, DIANA L	3953 ST ISABEL DRIVE EAST	JACKSONVILLE FL 32277
		5575 Forrest Drive	Orange Park, FL 32065
		5575 Forrest Drive	Orange Park, FL 32065

8. Name and Address of Current Registered Agent

STROUPE, GARY R
3953 ST ISABEL DRIVE EAST
JACKSONVILLE FL 32277

9. Name and Address of New Registered Agent

Name: Gary R. Stroupe
Street Address (P.O. Box Number is Not Acceptable): 5575 Forrest Drive
Suite, Apt. #, Etc.:
City: Orange Park State: FL Zip Code: 32065

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

12/18/2000

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]

Gary R. Stroupe, President

Date

12/18/00

Daytime Phone #

904-375-0792