PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# P98000035971

1. Corporation Name

GLOBAL INDUSTRIES HOLDING CORP.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

FILED

00 OCT 18 AM 9: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10/13/00 Date

-C/O MIRKIN & WOOLF PA- 460 C CLEMATIS - WEST PALM BEACH FL 33401		1700 PALM WEST PALI	C/O MIRKIN & WOOLF PA 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401		REINSTATEMENT LOO		
2. New Pri	ddresses are incorrect in any way, line ncipal Office Address, If Applicable S. LOSEMARY AVE.		ough incorrect information and enter correction below 3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. S		Suite, Apt. #	Suite, Apt. #, etc.		04/20/1998 5. FEI Number Applied For		
City & State		City & State	City & State		65-0842551 Not Applicable		
Zip	Country	Zip	Country	6. CERTIFICA	TE OF STATUS DESIRED (\$8.75)	Additional Fee required ra Certificate of Status	
7. Names	and Street Addresses of Each Officer	and/or Director (FI					
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D/P	KALLENBERG, STEVEN J		460 S. ROSEMARY AV. 1700 PALM BEACH LAKES BLVD 4580 44-18-0 # 170		WEST PALM BEACH FL 33401		
					21000345E -11/07/001 ****750.00	0720 01119017 ****750.00	
						6.3	
	8. Name and Address of Curr	ent Registered Aç	jent	9. Name and	Address of New Registered A	gent	
MIRKI	IN, MARK H		Name Street Add				
	Mirkin & Woolf Pa Palm Beach Lakes Blvd #581)	Suite, Apt.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
WEST	PALM BEACH FL 33401		City	FL			
10. I, being Signature o Registered	g appointed the registered agent of the of Agent	Mul	poration, am familiar with and acception of the second sec	of the obligations of Se	otion 607.0505, F.S. Date ///3/	00	
11. I certify this rein	that I am an officer or director or the restatement application, the reason for	dissolution has bee	empowered to execute this application eliminated, the corporate name s	atisfies the requiremer	its of section 607.0401 or 617.04	01, F.S., that all fees	