

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P98000035971**

1. Corporation Name

**GLOBAL INDUSTRIES HOLDING CORP.**

Principal Place of Business

460 S. ROSEMARY AVENUE  
SUITE 170  
WEST PALM BEACH FL 33401

Mailing Address

460 S. ROSEMARY AVENUE  
SUITE 170  
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/1998

5. FEI Number

65-0842551

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 3	City / State / Zip 4
PD	KALLENBERG, STEVEN J	460 S. ROSEMARY AVENUE	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

~~MIRKIN, MARK H~~  
~~1700 PALM BEACH LAKES BLVD.~~  
~~#580~~  
~~WEST PALM BEACH FL 33401~~

9. Name and Address of New Registered Agent

Name

Julianne Frank, Esq.

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

11380 Prosperity Farms Rd #114

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Julianne Frank*

REGISTERED AGENT MUST SIGN

Date

11/21/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Kallenberg

Date

10/15/03

Daytime Phone #

561-659-1921

CR2E040 (7/03)