

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 DEC 11 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98000047257**

1. Corporation Name

GLOBAL BROADCAST NETWORKS, INC.

2. Principal Office Address

2216 BAYVIEW DR.
Suite, Apt. #, etc.

3. Mailing Office Address

2216 BAYVIEW DR.
Suite, Apt. #, etc.

REINSTATEMENT 2000

City & State

FT. LAUDERDALE

City & State

FLORIDA

Zip

33305

Country

USA

Zip

33305

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-28-98

5. FEI Number

65-0871305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JACK PARSONS

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

2216 BAYVIEW DR.

Suite, Apt. #, Etc.

200003506292-4

-12/19/00-01093-006

******750.00 ****750.00**

City

FT. LAUDERDALE

State

FL

Zip Code

33305

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

JACK PARSONS

REGISTERED AGENT MUST SIGN

Date 05 DEC 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	JACK PARSONS	2216 BAYVIEW DR. #305	33305 FT. LAUDERDALE, FL
SEC.	RANDY GRINTER	4839 SW. VOLUNTEER PK.	DAVIE, FL 33330

10. 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:

JACK PARSONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 DEC 2000

Date

Daytime Phone #

(954)

568-3558

CR2E081 (9/99)