

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 DEC 19 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 98 0000 44923**

**1. Corporation Name**

GLOBAL INTERNATIONAL HOLDINGS U.S.A., INC.

**2. Principal Office Address**

12615-19 W. Dixie Hwy.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33157

Country

U.S.A.

Zip

Country

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

5-28-98

**5. FEI Number**

65-0889666

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-01**

**7. Name and Address of Current Registered Agent**

Name

JEROME LESLIE

000004745250-3

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

10901 SW 171 STREET

12/31/01 01071-013

\*\*\*1130.00 \*\*\*1130.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

**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

*Jerome Leslie*

REGISTERED AGENT MUST SIGN

Date **12-17-01**

**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
D	RODNEY SALNAVE	6700 NW 186 STREET, APT. 208	MIAMI LAKES, FL 33015
D	JEROME LESLIE	10901 SW 171 STREET	MIAMI, FL 33157

**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: **JEROME LESLIE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-01

Date

786-261-4609

Daytime Phone #

CR2E081 (9/99)