

APPLICATION FOR REINSTATEMENT



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

FILED
 00 DEC 15 PM 2:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000053951**
 1. Corporation Name
GLOBO-DIRECT CORP.

Principal Place of Business *Both* Mailing Address
~~1080 NW 183 DRIVE MIAMI FL 33169~~ **330 BISCAYNE BLVD** ~~1080 NW 183 DRIVE MIAMI FL 33169~~
Suite 700
Miami, FL 33132



REINSTATEMENT *SP*
 4. Date Incorporated or Qualified To Do Business in Florida **06/17/1998**
 5. FEI Number **65-0891681**
 Applied For
 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable
 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CONCEPCION, JORGE	1080 NW 183 DRIVE 330 BISCAYNE Blvd Suite 700 Miami, FL 33132	MIAMI FL 33169
			800003514538--4 -12/27/00--01064--010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent
STOLAR, DAVID M
1350 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *David M Stolar* **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

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: *David M Stolar* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **11-6-2000** Daytime Phone # **305-620-3600**

CR2ED40 (8/00)