


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b>  04 MAR 24 PM 3:30  SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
<b>DOCUMENT #</b> <u>P98000059520</u> <b>1. Corporation Name</b> <u>GLOBAL BROKERAGE &amp; CONSULTING, INC.</u>																													
<b>2. Principal Office Address</b> <u>788 STATE ROAD 434</u> Suite, Apt. #, etc. <u>SUITE B</u> City & State <u>LONGWOOD, FL</u> Zip <u>32750</u> Country <u>USA</u>		<b>3. Mailing Office Address</b> <u>788 STATE ROAD 434</u> Suite, Apt. #, etc. <u>SUITE B</u> City & State <u>LONGWOOD, FL</u> Zip <u>32750</u> Country <u>USA</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>07/06/1998</u>  <b>5. FEI Number</b> <u>52-2100783</u> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;"><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></td><td style="width: 20%;"><b>\$8.75 Additional Fee required for a Certificate of Status</b></td></tr></table>		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee required for a Certificate of Status</b>																						
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<b>7. Name and Address of Current Registered Agent</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2"><b>Name</b> <u>PETERSON, CHRIS</u></td></tr><tr><td colspan="2"><b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3290 LORDMALL COURT</u></td></tr><tr><td colspan="2"><b>Suite, Apt. #, Etc.</b> <u>OVIEDO</u></td></tr><tr><td><b>City</b> <u>OVIEDO</u></td><td><b>State</b> <u>FL</u></td></tr><tr><td colspan="2"><b>Zip Code</b> <u>32765</u></td></tr></table>						<b>Name</b> <u>PETERSON, CHRIS</u>		<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>3290 LORDMALL COURT</u>		<b>Suite, Apt. #, Etc.</b> <u>OVIEDO</u>		<b>City</b> <u>OVIEDO</u>	<b>State</b> <u>FL</u>	<b>Zip Code</b> <u>32765</u>															
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<b>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.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><b>Signature of Registered Agent</b> <u>[Signature]</u></td><td style="width: 40%;"><b>Date</b> <u>3-18-04</u></td></tr></table> <p style="text-align: center;"><b>REGISTERED AGENT MUST SIGN</b></p>						<b>Signature of Registered Agent</b> <u>[Signature]</u>	<b>Date</b> <u>3-18-04</u>																						
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<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>P</u></td><td><u>PETERSON, CHRIS</u></td><td><u>3290 LORDMALL COURT</u></td><td><u>OVIEDO, FL 32765</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>P</u>	<u>PETERSON, CHRIS</u>	<u>3290 LORDMALL COURT</u>	<u>OVIEDO, FL 32765</u>																
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<b>REINSTATEMENT</b> <u>02-04</u>																													
<b>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.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;"><b>SIGNATURE:</b> <u>[Signature]</u></td><td style="width: 40%;"><b>Date</b> <u>3-18-04</u></td></tr></table> <p style="text-align: center;"><b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b></p>						<b>SIGNATURE:</b> <u>[Signature]</u>	<b>Date</b> <u>3-18-04</u>																						
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