PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300054509673
05/13/05--01046--007 **1050.00

DOCUMENT # P98000087655

1. Corporation Name
Global Marketing Network of South Florida Inc.

REINSTATEMENT 99-05

2. Principal Office Address	3. Mailing Office Address
P.O Box 1270	P.O. Box 1270
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: East Ellijay Ga	City & State: East Ellijay Ga
Zip: 30539 Country: Gilmer	Zip: 30539 Country: Gilmer

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/98

5. FEI Number: 65-0866164 ☐ 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: Christopher GILL

Street Address (P.O. Box Number is Not Acceptable): 2833 NE 25 Court

Suite, Apt. #, Etc.:

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: [signature] REGISTERED AGENT MUST SIGN Date: 4/14/05

CR2E061 (01/05)

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
P	Christopher GILL	P.O Box 1270	East Ellijay Ga 30539
S	Lisa GILL	P.O. Box 1270	East Ellijay Ga 30539

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: [signature] 4/14/05 7068890521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OVER

4/29/05

To whom it may Concern

1999 did not receive First and Second Annual Report Notices

Moved away they did not Forward Mail

please waive Reinstatament Fee.

Any Questions please call 706-889-0521

Thank you

President

Global Marketing Network OF South Fla.

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