

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

01 JUN 21 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088303

1. Corporation Name

GLOBAL CONSULTING JOT CORP.

2. Principal Office Address

10500 NW 50TH Street

Suite, Apt. #, etc.

#102

City & State

SUNRISE FL

Zip

33351

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

10-15-98

5. FEI Number

65-0870409

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

TULIO RODRIGUEZ

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

10500 NW 50TH Street

Suite, Apt. #, Etc.

#102

City

SUNRISE

State
FL

Zip Code

33351

500004448445 -4

-06/28/01--01006--001

****950.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Tulio Rodriguez

Date 6/19/01

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
<u>D/O</u>	<u>JEAN HADAD</u>	<u>10500 NW 50TH Street #102</u> <u>SUNRISE FL 33351</u>	<u>SUNRISE FL 33351</u>
<u>VP/D</u>	<u>TULIO RODRIGUEZ</u>	<u>10500 NW 50TH Street #102</u> <u>SUNRISE FL 33351</u>	<u>SUNRISE FL 33351</u>

REINSTATEMENT

2000 & 2001

\$500.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN HADAD Pres.

Date

6/19/01

Daytime Phone #

(954) 747-6010

CR2E081 (9/00)