

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/03/03--01023--008 \*\*158.75



DOCUMENT # P98000088303

1. Corporation Name

GLOBAL CONSULTING JOT CORP.

Principal Place of Business

10500 NW 50TH STREET  
#102  
SUNRISE FL 33351

Mailing Address

10500 NW 50TH STREET  
#102  
SUNRISE FL 33351

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

522 SW 166 TERRACE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/1998

5. FEI Number

65-0870409

Applied For

Not Applicable

City & State

Weston, FL 33326

City & State

Zip Country

33326 US

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HADDAD, JEAN	10500 NW 50TH STREET #102	SUNRISE FL 33351
VD	RODRIGUEZ, TULIO	10500 NW 50TH STREET #102	SUNRISE FL 33351

8. Name and Address of Current Registered Agent

RODRIGUEZ, TULIO  
10500 NW 50TH STREET  
#102  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name TULIO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)  
522 SW 166 TERRACE

Suite, Apt. #, Etc.

City WESTON

State Zip Code

FL 33326

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/30/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 888-9958

CR2040 (8/02)



Sunrise, December 30, 2002

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ANNUAL REPORT / REINSTATEMENT SECTION  
P.O. BOX 6327  
Tallahassee, FL 32314

REF: FEI Number 65-0870409

The purpose of this letter is to request the reinstatement of the corporation Global Consulting Jot Corp., we have changed our address, for that reason we did not receive the first notice of dissolution

Attachment: Application for reinstatement and check # 1494 for reinstatement fee.

If you have any questions, please do not hesitate to contact our office.

Regards,

**Jean Haddad**  
President  
Global Consulting JOT Corp.