

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -5 PM 12:13

DOCUMENT # **P98000097244**

1. Corporation Name

Global Partners International, Inc.

2. Principal Office Address

155 Commercial Blvd.

Suite, Apt. #, etc.

#201

City & State

Laud. by the Sea, FL 33308

Zip

33308

Country

Broward

3. Mailing Office Address

255 Commercial Blvd.

Suite, Apt. #, etc.

#201

City & State

**Laud. by the Sea,
FL 33308**

Zip

33308

Country

Broward

REINSTATEMENT 99-00

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

11/19/98

5. FEI Number

65-0881604

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

Paul Steinberg, Steinberg & Yaffe P.A.

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

767 Arthur Godfrey Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33040

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

Date

3/31/00

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
PD	Brian Moffatt	650 Orchard Lane	Franklin Lakes, NJ 07417
S	Linda Sharfarz	5100 NE 15th Ave.	Fort Lauderdale, FL 33334

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:

Linda Sharfarz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

954-776-1380

Daytime Phone #

CR2E081 (9/99)