

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000013719

1. Corporation Name

GLOBAL DATA, INC.

Principal Place of Business

475 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937

Mailing Address

218A EAST EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937

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

2. New Principal Office Address, If Applicable

1901 S. HARBOR CITY BLVD.

Suite, Apt. #, etc.

Suite 808

City & State
MELBOURNE FL

Zip

32901

Country

BREVARD

3. New Mailing Office Address, If Applicable

1901 S. HARBOR CITY BLVD

Suite, Apt. #, etc.

Suite 808

City & State
MELBOURNE FL

Zip

32901

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1999

5. FEI Number

59-3595772

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BUTLER, MIKE	475 E. EAU GALLIE BLVD.	INDIAN HARBOUR BEACH FL 32937
D	QUANDT, DAN Remove	501 POINSETTA RD	MELBOURNE BEACH FL 32951
D	IAN RUBADO	914 KENMORE ST.	PALM BAY FL 32907
D	STEVE WOOD	325 ATLANTIC DR	MELBOURNE Beach, FL 32951
			200004658122--7 -10/29/01--01093--024 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

BUTLER, MIKE

475 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

BUTLER, MIKE

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

1901 S. HARBOR CITY BLVD

Suite, Apt. #, Etc.

Suite 808

City

MELBOURNE FL

State

FL

Zip Code

32901

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.

Signature of
Registered Agent

Mike Butler

REGISTERED AGENT MUST SIGN

Date

10/16/01

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:

Mike Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

FILED

01 OCT 18 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)