


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000037102

**1. Corporation Name**

GLOBAL PROCUREMENT AGENCY, INC.

**2. Principal Office Address**

2860 SOMERSET DRIVE

Suite, Apt. #, etc.

215

City & State

FT. LAUDERDALE, FL

Zip

Country

33311-9357 BROWARD

**3. Mailing Office Address**

2860 SOMERSET DRIVE

Suite, Apt. #, etc.

215

City & State

FT. LAUDERDALE, FL

Zip

Country

33311-9357 BROWARD

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

04/23/1999

**5. FEI Number**

65-0215138

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

OLIVER JOBSON

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

2860 SOMERSET DRIVE

Suite, Apt. #, Etc.

215

City

FT. LAUDERDALE

State

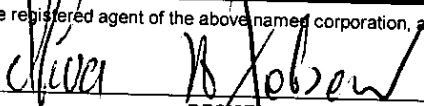
FL

Zip Code

33311

**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

4/26/04

**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 Officers and/or Director	City/State/Zip
PST	OLIVER JOBSON	2860 SOMERSET DR., #215	FT. LAUDERDALE, FL 33311

**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

4/26/04

Date

954-484-7135

Daytime Phone