

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P990000043503**

1. Corporation Name
GLOBALTECH INTERNATIONAL, INC

2. Principal Office Address
6601 NW 82nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address
6601 NW 82nd Ave

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
U.S.A

Zip
33166

Country
U.S.A.

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida **05/13/1999**

5. FEI Number
65-0920030

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
JOSE G ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
2201 SW 185th AVE

Suite, Apt. #, Etc.

City
MIRAMAR

State
FL

Zip Code
33029

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 **02/17/05**

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	D'AMATO, FERNANDO	2201 SW 185th Ave	Miramar, FL 33029
VD	D'AMATO, ALESSANDRA	2201 SW 185th Ave	Miramar, FL 33029

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:

Fernando D'Amato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.2005

Date

786-2084076

Daytime Phone #

CR2E081 (01/05)