


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000046362

1. Corporation Name

GLOBAL FOX FINANCIAL, INC.

Principal Place of Business

Mailing Address

99 ABERDEEN LOOP  
PANAMA CITY FL 32405

99 ABERDEEN LOOP  
PANAMA CITY FL 32405

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Obtained To Do Business in Florida	
05/27/1999	
5. FEI Number	Applied For
59-3571025	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ST	PATTERSON, III, GEORGE L	99 ABERDEEN LOOP	PANAMA CITY FL 32405
D	VANDENBERGHE, FILIP	1702 GROOT-BIJGAARDEN	BRUSSELS, BELGIUM
P	ADAMS, JOHN R	99 ABERDEEN LOOP	PANAMA CITY FL 32405
		800004691078-4	
		-11/21/01-01055-006	
		****750.00 ****750.00	
		LS	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BENNETT, DERRICK 112 E 3RD CT PANAMA CITY FL 32401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 31 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)