

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000046608

1. Entity Name
GLOBAL 2-WAY.COM, INC.



FILED

07 MAY -9 PM 2:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business
1161 BLUE HILL CREEK DRIVE
MARCO ISLAND, FL 34145 US

Mailing Address
1161 BLUE HILL CREEK DRIVE
MARCO ISLAND, FL 34145 US

2. Principal Place of Business - No P.O. Box #
1601 Jackson Street
Suite, Apt. #, etc.
200
City & State
Fort Myers, FL
Zip
33901
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



REINSTATEMENT 06-07

C. Name and Address of Current Registered Agent
COHEN, JERRY
1161 BLUE HILL CREEK DRIVE
MARCO ISLAND, FL 34145

4. FEI Number
59-3615890

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name Gerard A. McHale, Jr.
Court-appointed Receiver
Street Address (P.O. Box Number is Not Acceptable)
1601 Jackson Street
Suite 200
City Fort Myers FL Zip Code 33901

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gerard A. McHale, Jr. DATE _____
(NOTE: Registered agent signatures required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	400103284214	☐ Change ☐ Addition
NAME	COHEN, JERRY		NAME	05/25/07--01013--023	**300.00
STREET ADDRESS	670 A BALD EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBINS, JOHN J		NAME		
STREET ADDRESS	678 A BALD EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	Gerard A. McHale, Jr.	☐ Delete	TITLE		☐ Change ☒ Addition
NAME	Court-appointed Receiver		NAME		
STREET ADDRESS	1601 Jackson Street, Suite 200		STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL 33901		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons authorized.

SIGNATURE: Gerard A. McHale, Jr. DATE 4/25/07 239-337-0808