

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 MAR 12 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/07--01015--006 **1350.00

REINSTATEMENT 03-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000052996

1. Corporation Name
GLOBAL MESH, INC

2. Principal Office Address - No P.O. Box # 11305 SW 135 CT Suite, Apt. #, etc.	3. Mailing Office Address 11305 SW 135 CT Suite, Apt. #, etc.
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City & State MIAMI / FLORIDA	City & State MIAMI / FLORIDA
Zip 33186	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/09/1999
5. FEI Number 65-0944191
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIQUE, MARIANELA

Street Address (P.O. Box Number is Not Acceptable): 11305 SW 135 CT

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33186

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: MARIANELA MARIQUE C. Date: 03/08/07

REGISTERED AGENT MUST SIGN

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
P/D	ALVAREZ, ZITA	11305 SW 135 CT	MIAMI, FL 33186
V/D	MARIQUE, MARIANELA	11305 SW 135 CT	MIAMI, FL 33186

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 contained in Chapter 119, 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: Zita Alvarez ZITA ALVAREZ Date: 03/08/07 (305) 975-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2130