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<u> </u>	PLE	ASE READ	ALL INSTRUCT	IONS BEFORE		ŢĮŅĠŢĻĮS FORM.	1	
	RPORATION ISTATEMENT		Secreta	TMENT OF STATE by of State	03 DEC	ARY OF STATE VSSIE, FLORIDA		
DOCUMENT # P9900092691					- ALLAH/	ASSEE, FLORIDA		
Global Properties, Inc.								
2. Principal Office Address 2980 W 84 Street 0135 NW 174 Te-					12/1	000025552660 12/17/0301017028 **150,00		
Suite Apt. #, etc.			Suite, Apt. #, etc.		4. Date Inco	orporated or Qualified		
City & State			City & State			To Do Business in Florida		
Hoaleah, FC			Mrami lakes, FL		5. FEI Numi	5. FÉI Number (05095537) Applied For Not Applicable		
<sup>Zip</sup> 330	18 Countr	SA.	330)5	Country A.	6. CERTIFICA	TE OF STATUS DESIRED 58.75 Additional for a Certificate	Fee required :	
7. Name and Address of Current Registered Agent								
Name Tom Pendas								
	Street Address (P.O. Box Number is Not Acceptable)  (0135 NW 174 Te-					THEMENT		
	Suite, Apt. #, Etc.						The second second	
City Miami Lakes   State   Zip Code   FL   33015								
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 Date								
Registered Agent Date Date								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	itles Name of Stre Officers and/or Directors Officers					City / State / Zip		
DPTS	Tom?	en das	613	6135 NW174 Ter		Minmi Wees, FL		
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10. I certify that I am an officer or director or the receiver or trusted 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 enthis 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 in signature shall have the same legal effect as if made under oath.  SIGNATURE:								
SIGNA		AND TYPED OR PRI	ITED NAME OF SIGNING OF	FICER OR DIRECTOR	•	Date Daytime Phone #	— J	

2082

December 11, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

## To Whom It May Concern:

I am attaching this letter along with the corporate reinstatement form, as requested by the telephone consultant I spoke to in your office today. Your consultant informed that your correspondence was sent to our old office address, which we vacated over a year ago. I apologize for not inquiring about the annual report filling earlier; but my office manager, who had normally prepared these documents for me left our company when we moved and I did not think of it until today when a client informed me that our company appeared inactive in the state website.

Best regards,

Tom Pendas President

Global Properties, Inc. 2980 West 84<sup>th</sup> Street, Suite 11 Hialeah, FL 33018 786.621.2284 Office 954.605.8155 Mobile