

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

**01 MAR 22 PM 2: 50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** 9990000093378

1. Corporation Name

GLOBAL CORPORATE ADVISORS, INC.

2. Principal Office Address

241 SEVILLA AVENUE

Suite, Apt. #, etc.

906

City & State

CORAL GABLES FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/99

**SP**

5. FEI Number

X65-0956665

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

CAMARGO MONIQUE

Street Address (P.O. Box Number is Not Acceptable)

2400 BRICKELL AVE # 302 D

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33129

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

X Monique Camargo

REGISTERED AGENT MUST SIGN

Date 3/20/01

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	MONIQUE CAMARGO	2400 BRICKELL AVE #302D	MIAMI, FL 33129

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:** X Monique Camargo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/01

Daytime Phone #

305-8567850

CR2E081 (9/99)