

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

05 MAR 21 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000093378

1. Corporation Name

GLOBAL CORPORATE ADVISORS, INC.

2. Principal Office Address

1101 BRICKELL AVENUE

Suite, Apt. #, etc.

702

City & State

MIAMI, FLORIDA

Zip

33129

Country

U.S.A.

3. Mailing Office Address

1101 BRICKELL AVENUE

Suite, Apt. #, etc.

701-S

City & State

MIAMI, FLORIDA

Zip

33131

Country

U.S.A.

REINSTATEMENT

02-05

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1999

5. FEI Number

65-0956665

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)

1101 BRICKELL AVENUE

Suite, Apt. #, Etc.

701-S

City

MIAMI

State

FL

Zip Code

33131

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

Monique Camargo

Date

11/17/04

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
PD	CAMARGO, MONIQUE	1101 BRICKELL AVE. 701S	MIAMI, FL 33131
VP, D	JUAN P CAMARGO	1101 BRICKELL AVE, 701S	MIAMI FL 33131

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: *Monique Camargo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/04

Daytime Phone #