

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99-0000 94775*

1. Corporation Name

*The Global Marketing Concepts
Syndicate, Inc.*

000008564760
10/24/02--01033--020 **150.00

2. Principal Office Address

631 Park Forest Ct

Suite, Apt. #, etc.

3. Mailing Office Address

631 Park Forest Ct.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip *32703*

Country *US*

Zip

32703

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/99

5. FEI Number

593606 104

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

Jeffrey Postell

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

631 Park Forest Ct.

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code

32703

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/02

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	<i>Jeffrey Postell</i>	<i>631 Park Forest Ct.</i>	<i>Apopka, FL 32703</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/02

Daytime Phone #

10/22/02

KCR CORPORATION

October 18, 2002

Florida, Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

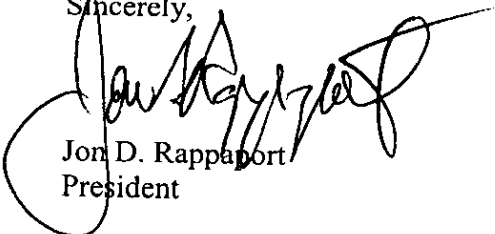
To Whom It May Concern:

Please accept the attached 2002 Uniform Business Report for our corporation which has been suspended due to non-filing of this report.

Our office had moved almost a year ago and we had neglected to inform you of our move which resulted in our non-filing. We ask that you waive the reinstatement charge at this time as the company has one business property in Florida with minimal revenues.

Thank you for your consideration.

Sincerely,



Jon D. Rappaport
President

JDR/dl