

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
CALL 850-487-1000

12 NOV -7 AM 9:39

DOCUMENT #

1. Corporation Name *Global Marketing Group of Central Florida Inc.*
P99000107212

2. Principal Office Address - No P.O. Box #
7341 Office Park Place

Suite, Apt. #, etc.
105

City & State
Melbourne, FL

Zip
32940

Country

3. Mailing Office Address
7341 Office Park Place

Suite, Apt. #, etc.
105

City & State
Melbourne, FL

Zip
32940

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 12/10/99

5. FEI Number
593612089

☐ 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
Michael Ainbinder

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

Suite, Apt. #, Etc.
Suite A

City
Rockledge

State
FL

Zip Code
32955

400241596224
11/07/12--01022--004 **750.00

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

REGISTERED AGENT MUST SIGN

Date 11/1/12

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 | Michael Ainbinder | 7341 Office Park Place Suite 105 | Melbourne, FL 32940 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

NOV 07 2012

D. BUTLER

10. E-mail Address: mainbinder@debt.org

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/12

Date

3215378834

Daytime Phone #