

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000109588

1. Corporation Name

GLOBAL NETDUBBING CORPORATION

Principal Place of Business

800 BRICKELL AVENUE, SUITE #104
MIAMI FL 33131

Mailing Address

800 BRICKELL AVENUE, SUITE #104
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ALQUATI, ELMO IVAN	800 BRICKELL AVENUE, SUITE #104	MIAMI FL 33131
VPD	SADER, ALONSO	800 BRICKELL AVENUE, SUITE #104	MIAMI FL 33131
VPD	GERARDO ALQUATI	800 BRICKELL AV, SUITE #104	MIAMI, FL 33131

REINSTATEMENT

2000-01
[Signature]

8. Name and Address of Current Registered Agent

~~SADER, ALONSO~~ CARLOS RUIVAL
800 BRICKELL AVENUE, SUITE #104
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name CARLOS RUIVAL
Street Address (P.O. Box Number is Not Acceptable)
800 BRICKELL AV
Suite, Apt. #, Etc.
#104
City MIAMI
State FL Zip Code 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3-23-2001

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2001 (305) 379 6935

Date Daytime Phone #