

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 27 AM 8:02

REINSTATEMENT

06-07



06202007 REIN-P CR2E098 (1/07)

DOCUMENT # S17484 1. Entity Name GLOBAL CORPORATION	
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Principal Place of Business 4260 N.W. 1ST AVENUE BAY AREA #49 BOCA RATON, FL 33431	Mailing Address 4260 N.W. 1ST AVENUE BAY AREA #49 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 621 NW 53rd ST Suite, Apt. #, etc. 240	3. Mailing Address 621 NW 53rd ST Suite, Apt. #, etc. 240
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City & State BOCA RATON, FL Zip 33487	City & State BOCA RATON FL Zip 33487
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4. FEI Number 65-0227278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GOMEZ, FEDERICO
 4260 N.W. 1ST AVE
 BAY 49
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Federico Gomez
 Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd Street #240
 BOCA RATON, FL 33487
 City: Boca Raton, FL Zip Code: 33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 6-22-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOMEZ, C. FEDERICO <input type="checkbox"/> Delete 4260 NW 1ST AVE, BAY 49 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOMEZ, FEDERICO M. <input type="checkbox"/> Delete 4260 NW 1ST AVE, BAY 49 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900104945419 06/27/07--01054--008 **400.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900104945419 06/27/07--01054--009 **558.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 6-22-07 561.338.52-21
Signature and typed or printed name of signing officer or director Date Daytime Phone #