

APPROVED AND FILED T-428 03/03 F-750

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

500003505975--2 -12/19/00--01066--001 \*\*\*\*750.00 \*\*\*\*750.00

**CORPORATION REINSTATEMENT**

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

DOCUMENT # F03780

1. Corporation Name

GLOBALNETCARE, INC.

2. Principal Office Address

117 Gun Avenue

Suite, Apt. #, etc.

City & State

Pointe-Claire, Quebec

Zip

HR9 3X2

Country

Canada

3. Mailing Office Address

117 Gun Avenue

Suite, Apt. #, etc.

City & State

Pointe-Claire, Quebec

Zip

HR9 3X2

Country

Canada

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida October 30, 1980

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CI Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State FL

Zip Code 33324

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

*Connie Bryan*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 12/15/2000

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/CEO D	Faris Heddo	117 Gun Avenue	Pointe-Claire, Quebec HR9 3X2 Canada
D	Harvey Lalach	265 Alice Carriere	Beaconsfield, Quebec H9W 6E6 Canada
VP/S D	Michele Scott	117 Gun Avenue	Pointe-Claire, Quebec HR9 3X2 Canada

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)(j), 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: *Michele Scott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ms MICHELE SCOTT

DEC 1<sup>st</sup> 2000

Date

514693-0877

Daytime Phone #

CR2E081 (8/89)