

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 17 AM 9:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000018956

Name and Mailing Address

0001637 01 AT 0.292 **AUTO T8 0 0615 32210-210455
GLOBAL PURCHASING SOLUTIONS, LLC
4355 BEVERLY AVE.
JACKSONVILLE FL 32210-2104



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2002	
Principal Place of Business 4355 BEVERLY AVE. JACKSONVILLE FL 32210	3. New Principal Place of Business Address		6. FEI Number x 52-2371385
City, State, Zip		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MILLER, CHARLES F 4355 BEVERLY AVE. JACKSONVILLE FL 32210		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11-14-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Herrick, Janet M.	4355 BEVERLY AVE	Jacksonville, FL 32210

100024759931
11/17/03--01089--007 **150.00

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED Date 11-14-03 Daytime Phone # (904)384-1137

Typed or printed name of signing Managing Member/Manager

CR2E064 (7/03)