

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB 22 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000041090**

1. Corporation Name
GLOBAL FUNDING SOURCES, INC.

2. Principal Office Address
310 VIRGINIA AVE

Suite Apt # etc.

3. Mailing Office Address
310 VIRGINIA AVE

Suite, Apt. #, etc.

9902

City & State
SAFETY HARBOR, FLA.

Zip
34677

Country
USA

City & State
SAFETY HARBOR, FLA.

Zip
34677

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
5/4/1998

5. FEI Number
59-3526838

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
A.D. MAZZONE

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

Suite, Apt. #, Etc.

400005064874-6

-03/07/02--01061-029

*****1208.75 ***1208.75**

City
SAFETY HARBOR

State
FL

Zip Code
34677

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

[Signature]

Date **2/11/02**

REGISTERED AGENT MUST SIGN

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
VP	MARTHA PRESSMAN	1737 PINE RIDGE WAY	PALM HARBOR, FL 34684
PRES	A.D. MAZZONE	310 VIRGINIA AVE	SAFETY HARBOR, FL 34677
S/H	MARTHA PRESSMAN	1737 PINE RIDGE WAY	PALM HARBOR, FL 34684

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)(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]* **A.D. MAZZONE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 **727-439-6638**
Date Daytime Phone #

CR2E081 (9/01)