

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 12:34

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
P.O. BOX 271
Suite, Apt. #, etc.

City & State
SAFETY HARBOR, FLA
Zip 34695 Country USA

City & State
SAFETY HARBOR, FLA
Zip 34695 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.

City SAFETY HARBOR

900025168899

12/02/03--01063--026 **150.00

State FL Zip Code 34695

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

Date 11/25/03

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
P	A. D. MAZZONE	310 VIRGINIA AVE SAFETY HARBOR FLA 34695	
VP	MARTHA PRESSMAN	1737 PINE RIDGE WAY	Palm Harbor FLA 34684
S, T	MARTHA PRESSMAN	1737 PINE RIDGE WAY	Palm Harbor FLA 34684

REINSTATEMENT 03
TTS

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:

11/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)