

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

03 OCT 15 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F0000000217**

1. Corporation Name

GLOBAL DYNAMICS SERVICES, INC.

Principal Place of Business

Mailing Address

1356 S. BABCOCK STREET
MELBOURNE FL 32901

1356 S. BABCOCK STREET
MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

48-1156291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | SANDOVAL, DANIEL | 1356 S. BABCOCK STREET | MELBOURNE FL 32901 |
| V | COX, JAMES | 6128 CALLE NEUVE NW | ALBUQUERQUE NM |
| ST | SANDOVAL, JANE | 239 SEAVIEW ST | MELBOURNE BEACH FL |
| | | | |
| | | | |
| | | | |
| | | | |

200023818512
10/15/03--01055--006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDOVAL, DANIEL
1356 S. BABCOCK STREET
MELBOURNE FL 32901

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Daniel Sandoval
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct 10, 03

11. 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:

Daniel Sandoval
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 10, 03

Daytime Phone #

(321) 725-5522

CPRE040 (7/03)