

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 OCT 12 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600110053548  
03/28/07--01023--014 \*\*608.75

REINSTATEMENT 04-07

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F010000000077

1. Corporation Name GLOBAL RELATIONS, INC.

W07-48909

2. Principal Office Address - No P.O. Box # 3. Mailing Office Address (SAME)

5521 BURNT BRANCH CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34232

U. S. A.

4. Date Incorporated or Qualified To Do Business In Florida 01-02-2001

5. FEI Number 65-1039025

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

AGENTS and CORPORATIONS, INC.

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

300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.

701-330

City

NAPLES, FL

State

FL

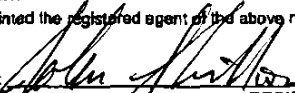
Zip Code

34702

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



REGISTERED AGENT MUST SIGN

Date 9/26/07

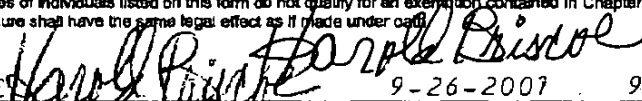
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	HAROLD BRISCOE	5521 BURNTBRANCH CIRCLE	SARASOTA, FL 34232
VC	DORRELL BRISCOE	"	"
D	DANIEL BRISCOE	"	"
P	SYLVIA BRISCOE	"	"
S	DEANNA BRISCOE	"	"
T	DAVID BRISCOE	"	"

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 contained in Chapter 119, 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:

HAROLD BRISCOE



9-26-2007

941-377-7596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #