

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F09000002850

Entity Name: GLOSTREAM, INC.

FILED
Oct 28, 2013
Secretary of State

Current Principal Place of Business:

1050 WILSHIRE DR.
SUITE 200
TROY, MI 48084

New Principal Place of Business:

Current Mailing Address:

1050 WILSHIRE DR.
SUITE 200
TROY, MI 48084

New Mailing Address:

FEI Number: 34-2032238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HEATHER LYNCH OBO INCORP SERVICES, INC.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: SAPPINGTON, MICHAEL
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

Title: CFO
Name: CROCENZI, JOSEPH
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

Title: D
Name: SAPPINGTON, MICHAEL
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

Title: D
Name: FRY, DAVID
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

Title: D
Name: WALTER, KEITH
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

Title: D
Name: SIMS, MARK
Address: 1050 WILSHIRE DR., SUITE 200
City-St-Zip: TROY, MI 48084 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE CROCENZI

CFO

10/28/2013

Electronic Signature of Signing Officer or Director

Date