

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 OCT 19 AM 9:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001001**

1. Corporation Name
GLOBAL TC SOLUTIONS, INC.

Principal Place of Business % EDWIN COOPERMAN 17651 LAKE ESTATES DRIVE BOCA RATON FL 33496	Mailing Address % EDWIN COOPERMAN 17651 LAKE ESTATES DRIVE BOCA RATON FL 33496
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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		4. Date Incorporated or Qualified To Do Business in Florida 02/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0768481	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PC	COOPERMAN, EDWIN	17651 LAKE ESTATES DR.	BOCA RATON FL 33496
VCT	TERRY, EUGENE	17759 LAKE ESTATES DR.	BOCA RATON FL 33496
S	COOPERMAN, E.	17651 LAKE ESTATES DR.	BOCA RATON FL 33496
			700003027167--3 -10/27/99--01106--014 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
TERRY, EUGENE 17759 LAKE ESTATES DR. BOCA RATON FL 33496		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			

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.

Signature of Registered Agent: *[Signature]* **REQUIRED** Date: _____

REGISTERED AGENT MUST SIGN

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: *[Signature]* **REQUIRED** Date: **10/19/99** Daytime Phone #: **561 4836868**

CR2E040 (8/99)