PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

04 MAR 15 PN 12: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K	₹#₽11

Suite, Apt. #, Etc.

City MIAMI

1. Corporation Name

GLOBAL PRINTING SERVICES, INC.

2- Principal Office Address 3150 PONCE DE LEON BLVD		3. Mailing Office Address SAME		REINSTATEMENT 03-04		
Suite, Apt. #, etc. City & State CORAL GABLES, FLORIDA		Suite, Apt. #, etc. City & State				
				Date Incorporated or Qualified To Do Business in Florida 09-28-1988		
				5, FEI Number 65-0076484	Applied For	
Zip 33134	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIDED T \$8.75	Not Applicable Additional Fee required a Certificate of Status	
		7. Na	me and Address of Current I	Registered Agent		
	Name RAUL LEY					
	Street Address (P.O. Box Number is Not Acceptable) 13486 SW 12 LANE			3000309311 03/23/0401064007	.63 *** ²⁰⁰ .00	

• 1, being appointed the registered agent of the above harried depotation, and tabular with any accept the deligations of section 607.0505 or 617.0505, F.S.								
Signature o Registered	Agent	Date 03-12-2004						
REGISTERED AGENT MUST SIGN								
9. Names	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					
D	RAUL LEY	13486 SW 12 LANE	MIAMI, FL 33184					
D	FRANK J. LEY	13486 SW 12 LANE	MIAMI, FL 33184					

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-2004

Date

State

Zip Code 33184

Daytime Phone #

CR2E081 (01/04)

500

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003, 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

RAUL LEY

PRESIDENT