

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004893

FILED
Oct 19, 2004
Secretary of State**Entity Name:** GLOBAL HUMANITARIAN AID, INC.**Current Principal Place of Business:**5620 E FOWLER AVE #8
TAMPA, FL 33617**New Principal Place of Business:**16312 ARMSTRONG PLACE
TAMPA, FL 33647**Current Mailing Address:**5620 E FOWLER AVE #8
TAMPA, FL 33617**New Mailing Address:**PO BOX 47599
TAMPA, FL 33647**FEI Number:** 59-3725067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**ROOYEN, LEON V
5620 E FOWLER AVE #8
TAMPA, FL 33617 US**Name and Address of New Registered Agent:**VAN ROOYEN, LEON DR
PO BOX 47599
TAMPA, FL 33647 US

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: LEON VAN ROOYEN

10/19/2004

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CD () Delete
Name: VAN ROOYEN, LEON
Address: 16312 ARMSTRONG PLACE
City-St-Zip: TAMPA, FL 33647**Title:** D () Delete
Name: VAN ROOYEN, BRIDGETTE
Address: 16312 ARMSTRONG PLACE
City-St-Zip: TAMPA, FL 33647**Title:** SD () Delete
Name: SMELTHURST, PHILIP
Address: 8981 LAKE DR, APT 401
City-St-Zip: CAPE CANAVERAL, FL 32920**Title:** TD () Delete
Name: ENZ, TODD
Address: 303 E PERSHING RD #335
City-St-Zip: DECATUR, IL 62526**Title:** D () Delete
Name: SMELTHURST, SHARON
Address: 8951 LAKE DRIVE, APT 401
City-St-Zip: CAPE CANAVERAL, FL 32920**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: VAN ROOYEN, LEON
Address: 16312 ARMSTRONG PLACE
City-St-Zip: TAMPA, FL 33647**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
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City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON VAN ROOYEN

DR

10/19/2004

Electronic Signature of Signing Officer or Director_____
Date