

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 26 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10182007 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000002013 1. Entity Name GLOBAL OUTREACH SERVICES, INC.																																																																
Principal Place of Business 3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 32250-5847			Mailing Address 3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 32250-5847																																																													
2. Principal Place of Business - No P.O. Box # 1032 MIMOSA COVE CT E.		3. Mailing Address 1032 MIMOSA COVE CT E.																																																														
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																														
City & State ATLANTIC BEACH, FL		City & State ATLANTIC BEACH, FL		4. FEI Number 																																																												
Zip 32233		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																												
6. Name and Address of Current Registered Agent KRYNOCK, VICTORIA L 3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 32250-5847			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																													
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 10/23/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																												
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																													
Make check payable to Florida Department of State																																																																
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KRYNOCK, VICTORIA L</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 322505847</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KRYNOCK, CLIFFORD G</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 322505847</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>KRYNOCK, JASON I</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2304 CYPRESS LANDING DRIVE ATLANTIC BEACH, FL 32233</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 85%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> 1032 MIMOSA COVE CT. E. ATLANTIC BEACH, FL 32233 </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> 1032 MIMOSA COVE CT. E. ATLANTIC BEACH, FL 32233 </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> 600111394116 10/26/07--01046--009 **\$1.25 </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	KRYNOCK, VICTORIA L		CITY-ST-ZIP	3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 322505847		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	KRYNOCK, CLIFFORD G		CITY-ST-ZIP	3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 322505847		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	KRYNOCK, JASON I		CITY-ST-ZIP	2304 CYPRESS LANDING DRIVE ATLANTIC BEACH, FL 32233		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1032 MIMOSA COVE CT. E. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1032 MIMOSA COVE CT. E. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600111394116 10/26/07--01046--009 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 10/23/07 (904) 246-6334 <small>Daytime Phone #</small>																																																												

10/29/07