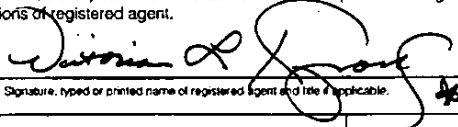


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV -4 AM 10:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000002013					
1. Entity Name GLOBAL OUTREACH SERVICES, INC.					
Principal Place of Business 1032 MIMOSA COVE CT E ATLANTIC BEACH, FL 32233			Mailing Address 1032 MIMOSA COVE CT E ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRYNOCK, VICTORIA L 3948 3RD STREET SOUTH, #214 JACKSONVILLE BEACH, FL 32250-5847			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		VICTORIA L. KRYNOCK		DATE <u>Oct. 28, 2008</u>	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered Agent signature required when reinstating.		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRYNOCK, VICTORIA L		NAME	800137601058	
STREET ADDRESS	1032 MIMOSA COVE CT E		STREET ADDRESS	11/04/08--01009--013	**\$1.25
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRYNOCK, CLIFFORD G		NAME		
STREET ADDRESS	1032 MIMOSA COVE CT E		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRYNOCK, JASON I		NAME		
STREET ADDRESS	2304 CYPRESS LANDING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		VICTORIA L. KRYNOCK		DATE <u>Oct 28, 2008</u> (904) 246-8334	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

11/500