PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004732

300004082053--9
-04/26/01--01092--014
****150.00 ****150.00

1. Corporation Name
Global telecommunications Services, Inc

2. Principal Office Address	3. Mailing Office Address
704 NW 163street	Same as P of B
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	" " "
City & State	City & State
Pembroke Pines	" "
Zip / Country	Zip / Country
FL 33028	" "

4. Date Incorporated or Qualified To Do Business in Florida 1/10/00

5. FEI Number 65-0973869 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Cesar Fernandez

Street Address (P.O. Box Number is Not Acceptable): 704 NW 163 street

Suite, Apt. #, Etc.:

City: Pembroke Pines | State: FL | Zip Code: 33028

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. LS

Signature of Registered Agent x _____ Date x 04-05-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P.	Cesar Fernandez	704 NW 163 street	Pembroke P., FL 33028
VP	Sandra Salazar	704 NW 163 street	Pembroke P., FL 33028

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 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: x _____ x 04-05-01 x (786) 402-2062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #