## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000036314

1. Corporation Name

GLOBAL SOLUTIONS & EQUIPMENT, INC.

Principal Place of Business

Mailing Address

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03 OCT 31 AMII:19

5302 NORTHWEST 108TH WAY CORAL SPRINGS FL 33076		CORAL	5302 NORTHWEST 108TH WAY CORAL SPRINGS FL 33076			REINSTATEMENT 03		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified			
<u> </u>	N - A -					acco in Electric	1/11/2000	
Suite, Apt	. #, etc.	Suite, A	Suite, Apt. #, etc.  City & State		5. FEI Number Applied For			
City & Sta	te	City & S				65-1006971	Not Applicable	
Zip	Country	Zip	•	Country	6. CERTIFICATE	S OF STATUS DESIRED   \$8	75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of E	ach Officer and/or Director	(Florida nonpro	ofit corporations must list at lea	ast 3 directors)			
Title(s)	e(s) Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / State / Zip		
PSTD	DIAS, JOE A		5302 N	5302 NORTHWEST 108TH WAY		CORAL SPRINGS FL 33076		
<del></del>	,					,		
					<b>40</b> 10/31,	00243327 03-01053-007	'04 **150.00	
. <b></b>								
8. Name and Address of Current Registered Agent				Nome	Name and Address of New Registered Agent     Name			
ADMAGE A LEDGEL D.				ivame				
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Street Address (P		P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				Suite, Apt. #, Etc.				
				City		State FL		
10. l, bein	ng appointed the registered a	agent of the above named of	corporation, am	familiar with and accept the o	bbligations of Sect	ion 607.0505, F.S. or 617.050	95, F.S.	
Signature of Registered Agent SIGNATURE						Date		
		REGISTERE	AGENT MUS	T SIGN				
11. I certify	y that I am an officer or direc	ctor or the receiver or truste	e empowered t	o execute this application as p	provided for in cha	apter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## Global Solutions & Equipment, Inc.

5302 NW 108th Way • Coral Springs, FL 33076

Phone: (954) 661-3452 Fax: (954) 345-1278

E-mail: jdiasy2k@aol.com

OCTOBER 29th 2003

TO WHOM IT MAY CONCERN:

On September 1st, 2003, I mailed the Minform Business Report 2003 along with may check # 1057 in the amount of #150.00. It seems oxious now that either The postal service on your office has miss handled my correspondence, I am resending the \$150.00 check along with the business report.

Sincerely,