


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000055131**

1. Corporation Name

GLOBAL SERVICE MANAGEMENT, INC.

Principal Place of Business

**530 SW 21ST AVENUE
GAINESVILLE FL 32601**

Mailing Address

**530 SW 21ST AVENUE
GAINESVILLE FL 32601**



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

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
pres	Delena MAY	530 SW 21 Av	Gvi FL 32601
dir	Nicolas dela ESPRIELLA	"	"
			100004677311--4: -11/13/01--01091--002 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MAY, DELENA C
530 SW 21ST AVENUE
GAINESVILLE FL 32601**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Delena May
REGISTERED AGENT MUST SIGN

Date

Oct 23 2001

11. 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:

Delena May
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-336-3904

Global Service Management, Inc.
530 SW 21 Avenue
Gainesville, FL 32601

October 23, 2001

Florida Department of State
Katherine Harris Sec of State
Division Corporations

Sir or Madam:

As per my conversation with your office, please find enclosed my check for
~~\$150.~~ \$158.75

The enclosed notice is the first information I have received about this fee,
and I am still not clear what it goes to pay for, except so you do not cancel
my Corp!

This is my first attempt at a small business, and it has not generated a
penny yet, just lots of expenses, to which I now add another \$150.

The name of the corp remains the same.
the address is correct.

I do not have a FEI number, as I do not have any employees

Nicolas de la Esperilla, listed as director in this corp, is currently without a
home address, so I will list my address. I told you this venture is not going
well at all. If this qualifies me for refund of the \$150, please consider this
a request. We want to make a go at this, and continue to try!

Sincerely,

DeLena May