

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000051604**

1. Corporation Name

GLOBAL CASH SOLUTIONS INC.

Principal Place of Business

Mailing Address

15438 NORTH FLORIDA AVENUE
TAMPA FL 33613

15438 NORTH FLORIDA AVENUE
TAMPA FL 33613



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

05/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1126983

Applied For

Not Applicable

City & State

City & State

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
D	LEMAL, JEAN-BERNARD	5107 FOX HUNT DRIVE	TAMPA FL 33543
D	SARVER, LAURENT	20 RUE FERDINAND DUVAL	PARIS, FRANCE 75004
D	FOUCHE, BERNARD	24 RUE CHAJON	PARIS, FRANCE 75003

800023750086
10/14/03--01056--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEMAL, JEAN-BERNARD
15438 NORTH FLORIDA AVENUE
TAMPA FL 33613

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. or 617.0505, F.S.

Signature of
Registered Agent

(Signature)
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/8/2003

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/8/2003 813 307 0111

CR2040 (7/03)