### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR-REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

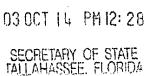
#### DOCUMENT # P01000051604

1. Corporation Name

#### GLOBAL CASH SOLUTIONS INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Principal Place of Business Mailing Address 15438 NORTH FLORIDA AVENUE 15438 NORTH FLORIDA AVENUE **TAMPA FL 33613 TAMPA FL 33613** REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 05/23/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-1126983 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Country Zip CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D LEMAL, JEAN-BERNARD 5107 FOX HUNT DRIVE **TAMPA FL 33543** SARVER, LAURENT --20 RUE FERDINAND DUVAL -PARIS, FRANCE 75004 <del>fouche, bernard</del>-24 RUE CHAJON PARIS, FRANCE 75003 10/14/03--01056--004 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name LEMAL, JEAN-BERNARD Street Address (P.O. Box Number is Not Acceptable) 15438 NORTH FLORIDA AVENUE Suite, Apt. #, Etc. **TAMPA FL 33613** City State | Zip Code 10. I, being appointed the registered agent of the above named corporation amountains with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agen REGISTERED AGENT MUST SIGN 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 filling 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.