

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10f2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 DEC 23 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 02-000120830

1. Corporation Name

GLOBAL PROACTIVE SOLUTIONS, INC

2. Principal Office Address

1230 98th STREET

Suite, Apt. #, etc.

C/O LUIS M. PIZZORNI

City & State

BAY HARBOR ISLANDS FL

Zip

33154-1911

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/01

5. FEI Number

01-0561870

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

LUIS M. PIZZORNI

700009670457

12/24/02--01047--002 **150.00

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

1230 98th STREET

Suite, Apt. #, Etc.

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154-1911

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.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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	LUIS M. PIZZORNI	1230 98 th STREET	BAY HARBOR ISLANDS, FL 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS M. PIZZORNI

Date

Dec/10/02 305-865-8923

Daytime Phone #

CR2E081 (9/01)

20f2

Global Proactive Solutions Inc.

FLEETBOSS®

Peace of Mind Fleet Management.

If you cannot measure it, you cannot control it.

1230 98th Street

Suite 102

Bay Harbor Islands

FL 33154-1911

Tel.: (305) 865-8983

Fax.: (305) 865-9531

E-mail: Pizzorni@bellsouth.net

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Monday, October 28, 2002

Re: Waiver on reinstatement fee
FL Document no. P01000120830

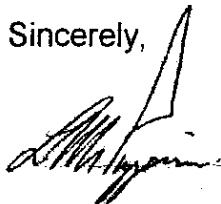
Dear Sir or Madam:

Please be informed that I did not receive your original Annual Report; therefore, I could not renew my corporation in time. Thus, I did not know that I have to file this annual report until I received your notice of Corporation Dissolution.

I hereby request you to waive my reinstatement fee penalty. Enclosed please find a check of \$150 and the signed corporation renewal form.

Your attention to this matter is greatly appreciated.

Sincerely,



Luis M. Pizzorni
President

Attch. Check for \$150.00