


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB 25 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000003590

1. Corporation Name
GLOBAL TECHNOLOGY SERVICES, INC.

2. Principal Office Address 9655 S. Dixie Highway Suite, Apt. #, etc. 3rd Floor City & State Miami, Florida Zip 33156		Country USA		3. Mailing Office Address 9655 S. Dixie Highway Suite, Apt. #, etc. 3rd Floor City & State Miami, Florida Zip 33156		Country USA	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 01/10/2002

5. FEI Number 02-0534173 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
Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.
Suite 125

City
Coral Gables

State
FL

Zip Code
33146

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 [Signature] vice President Date 2/12/05

REGISTERED AGENT MUST SIGN

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
D.	Marcelo Krimer	c/o 9655 S. Dixie Hwy. 3rd Floor	Miami, FL 33156

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] MARCELO KRIMER Date 02/08/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2 aw

CRZ0081 (07/03)