

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000033800

1. Entity Name
MULLEN GLOBAL SERVICES, INC.



Principal Place of Business
9108 CALLAWAY DRIVE
NEW PORT RICHEY, FL 34655

Mailing Address
5401 CENTERL AVE
SAINT PETERSBURG, FL 33710

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10282008 REIN-P CR2E098 (1/07)

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCATEE, CAROL
5401 CENTRAL AVE
SAINT PETERSBURG, FL 33701

Name

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

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Carol M. Muller)

(NOTE: Registered Agent signature required when reinstating)

DATE

10/29/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MULLEN, MARC
STREET ADDRESS 9108 CALLAWAY DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE DV
NAME MULLEN, JEANETTE
STREET ADDRESS 9108 CALLAWAY DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

100137735921
11/07/08-01008-021 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

REINSTATEMENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

[Handwritten Signature]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

J. P. MULLEN

11-04-08

17276941060

Date

Daytime Phone #