

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 AUG 15 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Eckel AUG 16 2005

DOCUMENT # **P-02000039205**

1. Corporation Name

Global Legal Systems and Services, Inc.

WVS-37084

2. Principal Office Address  
430 Grand Bay Drive

3. Mailing Office Address  
430 Grand Bay Drive

Suite, Apt. #, etc.  
No. 907

Suite, Apt. #, etc.  
No. 907

City & State  
Key Biscayne, FL

City & State  
Key Biscayne, FL

Zip  
33149

Country  
US

Zip  
33149

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 04/10/2002

5. FEI Number  
04-3667-7521

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

**7. Name and Address of Current Registered Agent**

Name  
Oscar Convers

Street Address (P.O. Box Number is Not Acceptable)  
430 Grand Bay Drive

Suite, Apt. #, Etc.  
No. 907

City  
Key Biscayne

State  
FL

Zip Code  
33149

300058043533

07/29/05--01044--001 \*\*1050.00

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]*

Date **JULY 26, 2003**

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
Pres./Treas.	Fernando Jordan	430 Grand Bay, No. 907	Key Biscayne, FL 33149
Sec.	Oscar Convers	430 Grand Bay, No. 907	Key Biscayne, FL 33149

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]* Oscar Convers

7/26/2005 305-265-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)