

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000103285</b> 1. Entity Name <b>GLOBAL ALLIANCE SOLUTIONS, INC.</b>					
Principal Place of Business <b>2131 FLINTLOCK BLVD KISSIMMEE, FL 34743</b>				Mailing Address <b>2131 FLINTLOCK BLVD KISSIMMEE, FL 34743</b>	
2. Principal Place of Business <b>2475 Compass Pointe Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2475 Compass Pointe Dr.</b> Suite, Apt. #, etc.		 04112005, 10 REIN-P, CR2E098 (6704) <b>04-05</b>	
City & State <b>VERO BEACH FL</b>		City & State <b>VERO BEACH FL</b>		4. FEI Number <b>02-0649772</b>	
Zip <b>32966</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEINZ, DENNIS B 2131 FLINTLOCK BLVD KISSIMMEE, FL 34743</b>				7. Name and Address of New Registered Agent Name <b>Heinz, Dennis B</b> Street Address (P.O. Box Number is Not Acceptable) <b>2475 Compass Pointe Dr.</b> City <b>VERO BEACH FL</b> Zip Code <b>32966</b>	
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 <b>Dennis B. Heinz</b> <b>Dennis B. Heinz</b> <b>4-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEINZ, DENNIS B</b> <b>2131 FLINTLOCK BLVD</b> <b>KISSIMMEE, FL 34743</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Heinz, Dennis B</b> <b>2475 Compass Pointe Dr.</b> <b>VERO BEACH, FL 32966</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300052075993</b> <b>04/26/05--01017--012 **308.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4/15/05</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Dennis B. Heinz</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4-15-05</b> <b>407-791-7869</b> <small>Date Daytime Phone #</small>	