2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000117694

Entity Name: GLOBAL I.T. SERVICES, INC.

FILED Jun 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

22565 SAWFISH TERR. 650 WEST AVE BOCA RATON, FL 33428

704

MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

650 WEST AVE 5749 CAMINO DEL SOL

704

BOCA RATON, FL 33433 MIAMI BEACH, FL 33139

FEI Number: 32-0042481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, RUBEN LAMOTHER, EVELYNE 13520 SW 89 STREET 5749 CAMINO DEL SOL 107 MIAMI, FL 33176 BOCA RATON, FL 33433 US

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.

SIGNATURE: EVELYNE LAMOTHER 06/25/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: (X) Change () Addition ORTIZ, MARIA LAMOTHER, EVELYNE Name: Name:

22565 SAWFISH TERR. 13520 SW 89 STREET Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: VΡ (X) Change () Addition

GARCIA, AMBER Name: GARCIA. RUBEN Name: 5749 CAMINO DEL SOL # 107 Address: 650 WEST AVE Address:

BOCA RATON, FL 33433 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

Title: Title: () Delete CA () Change (X) Addition

Name: GRAHAM, JOE Name: 650 WEST AVE Address Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYNE LAMOTHER PD 06/25/2008