

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 13 PM 3:26

DOCUMENT # P02000121712

1. Corporation Name

GLS TRADING, INC.

Principal Place of Business

773 CRESCENT WAY
WESTON FL 33326

Mailing Address

773 CRESCENT WAY
WESTON FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03 wof

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2002

5. FEI Number

03-0496602

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	SANDOVAL, GREG	773 CRESCENT WAY	WESTON FL 33326

300024645733
11/13/03--01067--007 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Richard Adeline P.A.

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

1130 Wilshire Circle West

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33027

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard Adeline P.A.
REGISTERED AGENT MUST SIGN
Date 11/14/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03

Date

954-655-1499
Daytime Phone #

CR2040 (7/03)



GLS TRADING, INC.

November 12, 2003

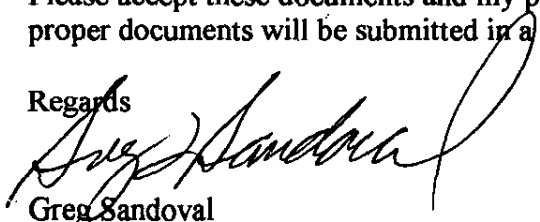
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Dear Reinstatement Officer,

I am submitting my application for consideration of reinstatement of my corporation as I only just returned from an extended business trip and only now received your notice of cancellation. The notice of Disillusionment is the only notification I received from the state regarding my company. If any other notices were sent, I never received them.

Please accept these documents and my payment for reinstatement along with my assurance that the proper documents will be submitted in a timely manner in the future.

Regards


Greg Sandoval
President
GLS Trading, Inc.