2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000128568 1. Entity Name GLOBALPROS, INC.								FILED 05 DEC -5 PH 2: 29				
Principal Place of Business 2800 HARBOURSIDE LONGBOAT KEY, FL 34228				lailing Address 2800 HARBOURSIDE ONGBOAT KEY, FL 34	4228	1		FALLAHASS			20 20 	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			12012005	REIN-P	CR2E	(6/04)		
City & State				City & State		4. FEI Numb 56-231				plied For t Applicable		
Zip	p Country			Zip Cou		itry		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	egistered /	Agent		
FAYNE, MICHAEL D 2800 HARBOURSIDE LONGBOAT KEY, FL 34228						Street Address (P.O. Box Number is Not Acceptable)						
						City		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 action of content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and action of content of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and action of the purpose of changing its registered agent, or both, in the State of Florida.											and accept	
the obligations of registered agent. MICHAEL D. FRYNE												
SIGNATURE Signature, types of brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								In accordance v				
10. OFFICERS AND E			VD DIRE		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND			
TITLE NAME	PD FAYNE, MICHAEL D			☐ Delete	TITLE	I	21 .1		31 (D)	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		RBOURSIDE AT KEY, FL 34228				EET ADDRESS 7-ST-ZIP	12/0	000619 5/0501061	004	**300.	. 00	
TITLE NAME	VD Delete FAYNE, SUSAN J				TITLE	I				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2800 HARBOURSIDE STE					EET ADDRESS 7-ST-ZIP						
TITLE		711 110 111 0 722		☐ Delete	TITLE				<u>,,,, =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	☐ Change	Addition	
NAME STREET ADDRESS					NAM STRE	TE EET ADDRESS					,	
CITY-ST-ZIP		NX 12/18				'-ST-ZIP						
TITLE NAME		h ,		☐ Delete	TITLE Nam	I				Change	☐ Addition	
STREET ADDRESS		1			STRE	EET ADDRESS						
CITY-ST-ZIP TITLE				☐ Delete	TITL	r-ST-ZIP E				☐ Change	Addition	
NAME STREET ADDRESS					NAM	NE					-	
CITY-ST-ZIP	<u> </u>					EET ADORESS '- ST-ZIP						
TIFLE				☐ Delete	TITL	I				Change	Addition	
STREET ADDRESS						EET ADDRESS						
12. I hereby o	certify that th	e information supplied v	with this	filing does not qualify fo		r-st-zip emption stated in S	Section 119,07(3)	n/i) Florida Statutes.	further cer	rtify that the in	formation	
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 addross, with all other like empowered.												
SIGNATURE; MICHAEL D. FAYNE 94/ 32/ 33//												