

attachment 1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 NOV 24 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000023829

1. Corporation Name

GLOBAL PRODUCT SUPPLY, INC

2. Principal Office Address - No P.O. Box #

3301 Spanish moss Terrace

Suite, Apt. #, etc.

214

City & State

Lauderhill

Zip

33319

Country

Broward

3. Mailing Office Address

3301 Spanish Moss Terrace

Suite, Apt. #, etc.

214

City & State

Lauderhill

Zip

33319

Country

Broward

REINSTATEMENT 07-08 KS

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2003

5. FEI Number
134246461

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hafedh Abbas

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

3301 Spanish moss terr

Suite, Apt. #, Etc.

214

City

Lauderhill

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/10/2008

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
P	HAFEDH ABBES	3301 Spanish Moss Terr # 214, Lauderdale Hill, FL 33319	Lauderhill, FL 33319 300137846133 11/12/08--01023--017 **308.75

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 contained in Chapter 119, 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:

Hafedh ABBES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2008

Date

305-303-2226

Daytime Phone #

Dear Sir,

I did not receive the notice of annual report because of relocation, and For further payment we will Do it online.

Thank you :

Signature

Date

Hofedh Abbas
Director.



11/10/2008

Global Product Supply, Inc