

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 20 AM 10:53

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000033227

1. Corporation Name

Global Integrated Solutions

2. Principal Office Address

8938 Needle Point Place

Suite, Apt. #, etc.

City & State

Jacksonville FL.

Zip

32244

Country

3. Mailing Office Address

8938 Needle Point Place

Suite, Apt. #, etc.

City & State

Jacksonville FL.

Zip

32244

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/24/2003

5. FEI Number

P03000033227

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

Derron Brice

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

8938 Needlepoint Place

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32244

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

Derron Brice

Date 10/16/06

REGISTERED AGENT MUST SIGN

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
CEO	Derron Brice	8938 Needle Point Place	Jacksonville FL. 32244
	NO OTHERS	on	Document

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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:

Derron Brice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/06
Date

904-422-2710
Daytime Phone #

10/13/06

To Whom It May Concern:

I did not receive an annual report for the years 2004, 2005 nor 2006. Thus, I respectfully request to waive the reactivation fee as well as have the company reinstated. I have enclosed \$450.00 (\$150.00 per year) to cover costs for the forgoing years.

Thank you,

A handwritten signature in black ink, appearing to read 'Derron Brice', written in a cursive style.

Derron Brice