


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2006 DEC -4 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *03000121715*

1. Corporation Name

Global Consulting, Inc.

2. Principal Office Address

11502 Mellow Creek Ln.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Zip

33569

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2003

5. FFL Number

20-0374087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Lorie Waldrop

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

11502 Mellow Creek Ln.

Suite, Apt. #, Etc.

City

Riverview, FL

State

FL

Zip Code

33569

REINSTATEMENT

04/06

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

Lorie Waldrop

REGISTERED AGENT MUST SIGN

Date

10/23/06

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
D,P	Lorie Waldrop	11502 Mellow Creek Ln.	Riverview, FL 33569

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:

Lorie Waldrop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/06

Date

813-478-2420

Daytime Phone #

ALL WILLIAMS DEC - 4 2006