PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | RPORATI STATEM | | | | DEPAR Secretary SION OF C | y of S | | | SECRETARY OF STATE DIVISION OF CORPORATIONS 08 OCT -9 AM 9: 33 | | | |
|--|--------------------------------------|-----------|---|-----------------|---|----------------------|----------|--|---|--|--|--|
| DOCUMENT # P05000044756 | | | | | | | | | • • | | | |
| GLOBAL INSPECTION GROUP INC. | | | | | | | | 5 1914108 00136781533 9/0801044006 ***308.75 | | | | |
| | | | | | 3. Mailing Office Address | | | 10/0 | 9/0801044006 **308.75 | | | |
| · · · · · · · · · · · · · · · · · · · | | | | 1661 Eagle st | | | | | CR2E081 (10/08) | | | |
| Suite, Apt. #, etc. Suite, Apt. #, | | | | | | | | | porated or Qualified iness in Florida 03/24/2005 | | | |
| | | | | City & State | Ť | | | 5. FEI Numbe | | | | |
| Cantonment , FL | | | | Cantonment , FL | | | . | | 352251016 Not Applicable | | | |
| ^{Zip} 32533 | 33 USA | | | 32533 U | | | • | 6. CERTIFICATE | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status | | | |
| 7. Name and Address of Current Registered Agent | | | | | | | | | | | | |
| Name Kimberly Jefferson | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1231 west 9 1/2 mile rd | | | | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | | |
| Cantonment | | | | | | State Zip Code 32533 | | | waiveu. | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obtig Signature of Registered Agent MEGISTERED AGENT MUST SIGN | | | | | | | | bligations of secti | on 607.0505 or 617.0503, F.S. Date 10-6-08 | | | |
| 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 | | | |
| Р | JEFFERSON, CURTIS | | | | 1231 West 9 1/2 Mile Rd | | | ₹d | Cantonment, FL 32533 | | | |
| ٧ | JEFFERSON, KIMBERLY | | | | 1231 West 9 1/2 Mile Rd | | | ₹d | Cantonment, FL 32533 | | | |
| Т | NICHOLS, JACQUELINE | | | | 8070 WASHINGTON Blvd | | | Blvd | Beaumont, TX 77707 | | | |
| s | MOORE, CYNTHIA | | | | 424 MAGEN DR | | | | Cantonment, FL 32533 | | | |
| D | JEFFERSON, EVA | | | | 1715 HWY 13 S | | | | Columbia, MS 39429 | | | |
| | | | | | | | | | | | | |
| 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 filling 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 eccurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE AND THE PORT OF SIGNATURE OF SIGNAT | | | | | | | | | | | | |
| | - 54 | JAN I UKI | SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNANG OFFICER OR DIRECTOR Date Deptime Phone # | | | | | | | | | |