2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000030512

Entity Name: GLOBAL CARE PROVIDER SERVICES, INC.

FILED Oct 05, 2007 Secretary of State

,	0202/ (2		,		
Current Principal Place of Business:			New Principal Place of Business:		
SUITE E	AKRIDGE RD D, FL 32809				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE E	AKRIDGE RD), FL 32809				
FEI Number:	: 01-0875175	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
600 W. OA SUITE E ORLANDO	ZACHARIE AK RIDGE RD D, FL 32809 U	JS	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.		p		
SIGNATUR	RE: ZACHAF				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (EDMOND, ZAG 600 W. OAK F ORLANDO, FL	IDGE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (EDMOND, ANG 600 W. OAK F ORLANDO, FL	IDGE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZACHARIE EDMOND CEO 10/05/2007