2007 FOR PROFIT CORPORATION REINSTATEMENT

DÖCUMENT # P06000077186 1. Entity Name					FILED
GLOBAL PRIORITY ONE. S.P. INC.					2007 OCT 29 PM 2: 57
Principal Place of Business		Mailing Address			1
5712 SANDPIPER PL FT MYERS, FL 33919		5712 SANDPIPER PL FT MYERS, FL 33919			SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10242007 REIN-P CR2E098 (1/07)
City & State		City & State			4. FEI Number 32 16574 Applied For Not Applicable
Zip Co	ountry	Zip	Coun	try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BUTZIRUS, NORMA				Name -	TRUCY DORAMUS
5712 SANDPIPER PL FT MYERS, FL 33919	Street Addres		Street Address	120 Box Numberis Not Acceptable)	
City 7				- Muse o FL Zingoda 19	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE TRUDY DORAMUS X Judy Doramus 10 - 27 07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent/Alignature required when reinstating) DATE OTE OTE OTE OTE DATE					
FILE NOW!!! FEE IS \$150.00				In accordance with s. 607.193(2)(b), F.S., the	
After January 1, 2008, Fee will be \$300.00)	corporation did not receive the prior notice.	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE O NAME DORAMUS, T	BHDV	☐ Delete	TITU		PRESIDENT Change Schaddition
STREET ADDRESS 5712 SANDPI			ET ADDRESS	JOHN DORAMUS	
CITY-ST-ZIP FT MYERS, FL 33919			CITY	-ST-ZIP	5712 SANDPIPER PL
TITLE NAME			TITL! NAM	1	Ft Muces F1 3391 Padilion
STREET ADDRESS			EET ADDRESS		
CITY-ST-ZIP			CITY	- ST- ZIP	
2000			TITLI		☐ Change ☐ Addition
STREET ADDRESS				EET ADDRESS	
			-ST-ZIP		
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STREET ADDRESS				EET ADDRESS	800111460918 10/29/0701064021 **150.00
			-ST-ZIP		
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				EET ADDRESS	
			-ST-ZIP		
TITLE		☐ Delete	TITLI NAM	I	☐ Change ☐ Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signapore 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 regulated by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fike empowered.					
7/ D					
SIGNATURE: JOHN JORAMUS JOHNS OFFICER OR DIRECTOR Date Distribe Printed Name of Signing Officer or Director					