

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 10 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054400

1. Corporation Name

GLOBAL SYSTEMS SOFTWARE INC.

2. Principal Office Address

3223 ANTIGUA DRIVE

Suite, Apt. #, etc.

City & State

JAX BEACH, FL

Zip

32250

Country

USA

3. Mailing Office Address

3223 ANTIGUA DRIVE

Suite, Apt. #, etc.

City & State

JAX BEACH, FL

Zip

32250

Country

USA

REINSTATEMENT

09-UD

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

07-22-94

5. FEI Number

59-3074615

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

DONALD E. EATON

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

3223 ANTIGUA DRIVE

Suite, Apt. #, Etc.

City

JAX BEACH

State

FL

Zip Code

32250

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

Donald E. Eaton

Date 2-8-00

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
PRES	DONALD E. EATON	3223 ANTIGUA DRIVE	JAX BEACH, FL 32250

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 under section 119.07(3)(i), 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:

Donald E. Eaton DONALD E. EATON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2-8-00

904-
608-7931

Daytime Phone #

KE