## LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	HEORATIC STATEME	= .		97	Secretar	TMENT C y of State	,		3	03 SEP 2		9: 04	
DOCUMENT # P94000076554  1. Corporation Name  GloBAl Distributors & Service, INC.									Ŕ	SECRETA TALLAHAS	ster or SEE. Fi	STATE LORIDA	
2. Principa 60 / Suite, Apt. #			w AV	E 601	3. Mailing Office Address 60/ N, Willow AVE Suite, Apt. #, etc.				4. Date Incorporated or Qualified To De Resigners in Florida				
City & State  TAMPA - Flori DA  Zip   Country				City & State	City & State  TAM: PA - Flon; D.A-  Zip   Country			To Do Business in Florida					
336		US	A	336	06	US	A	6. CERTIFICATE	OF STATUS D	SIRED S8.75 /	Additional Fe Certificate o	ee required of Status	
	7. Name and Address of Current Registered Agent  Name  Aviel T. Pawlus  Street Address (P.O. Box Number is Not Acceptable)  60/ N. willow Ave 09/19/03-01071-000 windows.										5 450.0		
8. I, being	City appointed the s		agent of the a	bove parmed corpo	oration, am t	amiliar with a	and accept the o	bligations of sections	FL	33606 317.0503, F.S.	]	1000	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date	9-16-0	3	CR2ED8	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at he									<del> </del>				
Titles		Name of and/or Directo	rs	Street Address of Each Officer and/or Director				ļ ——————	City / State /	Zip 			
Pres	DANIEL J. PAWL			twlus	us 601 N. Willo			DW AU	TAN	IPA, FL	_33	606	
vP/sec	LAWR	6N C	<u>e w.1</u>	Aulus	601		<u>w;110</u>	W AUE	TAM	pA, FC	<u>336</u>	06	
		<del></del> -											
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 817.0401, 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:  DAULY  9-/6-03  813-251-1849													

To whon it may concern.

Per my conversation When I Called your office to find out why my CORP WAS INACTIVE I WAS told that I didn't Pile the ANNUAL REPORT. I WAS NOT AWARE OF this And we figured out that because my ADD RESS CHANGED THAT I PROBABly didn't Recieue the REPORT. I was told to reinstate and send in \$450.00 thank you very much.