

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000076365

1. Corporation Name

GLOBAL INTERACTIVE NETWORK SYSTEMS, INC.

Principal Place of Business

4119 GUNN HWY
STE 14
TAMPA FL 33624
US

Mailing Address

4119 GUNN HWY
STE 14
TAMPA FL 33624
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7825 North Dale Mabry

Suite, Apt. #, etc.
103

City & State
Tampa FL

Zip Country
33614 US

3. New Mailing Office Address, If Applicable

7825 North Dale Mabry

Suite, Apt. #, etc.
103

City & State
Tampa FL

Zip Country
33614 US

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1996

5. FEI Number

59-3399324

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
For a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WEIR, STEPHEN J	15321 MORNING DR	LUTZ FL 33549
D	HOUCK, AARON L	8314 JANA DRIVE	ODESSA FL 33556
			100003078791--4 -12/23/99--01007--016 *****758.75 *****758.75 LS

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Elizabeth A. [Signature]

REGISTERED AGENT MUST SIGN

Date 12/15/99

11. 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:

Stephen J. Weir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99

Date

513-936-8919
Daytime Phone #

FILED

99 DEC 17 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09

CR2E040 (8/99)