

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000030362

1. Corporation Name

GLOBAL RESEARCH AND STRATEGIES, INC.

2. Principal Office Address

2724 SEALARK LANE

Suite, Apt. #, etc.

City & State

MILTON FL

Zip

32583

Country

US

3. Mailing Office Address

2724 SEALARK LANE

Suite, Apt. #, etc.

City & State

MILTON FL

Zip

32583

Country

U.S

REINSTATEMENT

02-04

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

04/03/97

5. FEI Number

593437308

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

Schaffer, Gary R.

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

2724 SEALARK LANE

Suite, Apt. #, Etc.

000034788230

04/30/04--01007--006 ***\$2.00

City

MILTON

State

FL

Zip Code

32583

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

GARY R. SCHAFER
REGISTERED AGENT MUST SIGN

Date 04/27/04

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
PD PRES.	Schaffer Gary R.	2724 SEALARK LANE	MILTON / FL / 32583
TD TREAS.	Schaffer Patricia D.	2724 SEALARK LANE	MILTON / FL / 32583

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:

GARY R. SCHAFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

850 994-9423

Daytime Phone #

TR