

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041090

1. Corporation Name

GLOBAL FUNDING SOURCES INC.

2. Principal Office Address

310 VIRGINIA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 271

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FLA

Zip

34695

Country

USA

City & State

SAFETY HARBOR, FLA

Zip

34695

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/1998

5. FEI Number

59-3526838

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

A.D. MAZZONE

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

310 VIRGINIA AVE

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/25/03

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 |
|--------|--------------------------------------|---|-----------------------|
| P | A.D. MAZZONE | 310 VIRGINIA AVE SAFETY HARBOR FLA 34695 | |
| VP | MARtha Pressman | 1737 Pine Ridge way | Palm Harbor FLA 34684 |
| S,T | MARtha Pressman | 1737 Pine Ridge way | Palm Harbor FLA 34684 |
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REINSTATEMENT

03

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/03

Daytime Phone #

CR2ED81 (10/02)