

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042023

1. Entity Name  
GLOBAL SYSTEMS STAFFING, INC.



Principal Place of Business  
2200 CORPORATE BOULEVARD NW #200  
BOCA RATON, FL 33431

Mailing Address  
2200 CORPORATE BOULEVARD NW #200  
BOCA RATON, FL 33431



10052006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3512279

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDMAN, ANTHONY A  
2200 CORPORATE BOULEVARD NW #200  
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HEDMAN, ANTHONY A  
STREET ADDRESS 2200 CORPORATE BOULEVARD NW #200  
CITY-ST-ZIP BOCA RATON, FL 33431

☐ Change ☐ Addition  
NAME 800080639458  
STREET ADDRESS 10/09/06--01045--015 \*\*150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HEDMAN, SUSAN L  
STREET ADDRESS 2200 CORPORATE BOULEVARD NW #200  
CITY-ST-ZIP BOCA RATON, FL 33431

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony A Hedman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-06 561-995-6774  
Date Daytime Phone #

10/10/06