

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 18 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000067951
1. Corporation Name Global Positioning Services Inc.

800086169578
01/25/07--01005--002 **458.75

2. Principal Office Address <u>1210 Laurel Pines Circle</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Nokomis FL</u>		City & State	
Zip <u>34275</u>	Country	Zip	Country

REINSTATEMENT
CR2E081 (12/05) 05-07

4. Date Incorporated or Qualified To Do Business in Florida <u>8/4/98</u>	Applied For
5. FEI Number <u>593-521-325</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>David Steinberg</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1210 Laurel Pines Circle</u>		
Suite, Apt. #, Etc.		
City <u>Nokomis</u>	State FL	Zip Code <u>34275</u>

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 D. O. Steg Date 1/11/07
REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>David Steinberg</u>	<u>1210 Laurel Pines Circle</u>	<u>Nokomis, FL 34275</u>

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 contained in Chapter 119, 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: D. O. Steg David Steinberg 1/11/07 407-808-2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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1/11/2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

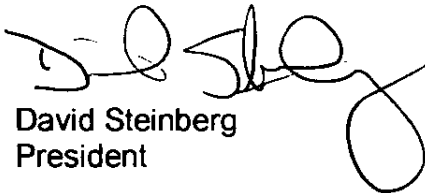
To Whom It May Concern:

I have moved the company twice in the last two years and communications from the state concerning the status of my filing have not been received. Per my conversation with your representative on January 11, 2007, I am applying to have all reinstatement fees waived. Thank you very much for your patience in helping rectify this error.

I have enclosed a check for the amount of \$458.75 to cover the outstanding filings fees and a certificate of status.

Please contact me during business hours at 407-808-2421 if you have any questions or need additional information.

Best regards,



David Steinberg
President