

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000090141

1. Corporation Name

GLOBAL DESIGN SYSTEMS, INC.

Principal Place of Business

1451 WEST FAIRWAY ROAD  
PEMBROKE PINES FL 33026

Mailing Address

1451 WEST FAIRWAY ROAD  
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1998

5. FEI Number

EW-65-0870680

Applied For  
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
PSD	FAIRCHILD, SUSAN S	1451 WEST FAIRWAY ROAD	PEMBROKE PINES FL 33026 /LS
PSD	CHARALAMBOUS, CHARALAMBOS	1451 WEST FAIRWAY ROAD	PEMBROKE PINES FL 33026

900003089679--N  
-01/06/00--01002--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

HERNANDEZ, AMY  
12237 SW 10 STREET  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name

C. HARRY CHARALAMBOUS

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

1451 W. FAIRWAY ROAD

Suite, Apt. #, Etc.

Villas West

City  
Pembroke Pines

State

Zip Code

FL

33026

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/22/99

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/99 954 438757

Daytime Phone #