PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000036353

1. Corporation Name

GLOBAL STRUCTURE SERVICE, INC.

Principal Place of Business

Mailing Address

419 S.W. 8TH TERRACE FORT LAUDERDALE FL 33312 419 S.W. 8TH TERRACE FORT LAUDERDALE FL 33312 FILED

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FLORE LARY OF STATE
TALLAHASSEE, FLORIDA



If above ac	ddresses are incorrect in any way, line thro	ugh incorrect in	formation ar	nd enter c	orrection below.	REINS	STATEMEN	
			3. New Malling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     04/21/1999		
Suite, Apt. #, etc. 538 NORNINGSIDE DR.		Suite, Apt. #, etc.				5. FEI Number		Applied For
City & State	E VEDRA BEACH FL.	City & State				6. \$8.75 Additional Fee required		
320	82 USA	Zip		Country	·	CERTIFICATE		r a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2		3		et Address of Each cer and/or Director		City / Stat	e / Zip
D	TYLER, STUART F		419 S.W. 8TH TERRACE				FORT LAUDERDALE FL 33312	
D	BAILES, NICHOLAS TODD		419 S.W. 8TH TERRACE				FORT LAUDERDALE FL 33312	
÷.			0000034636401 -11/20/0001016030					
·•							*****8.75	*****8.75
			<i>,</i>	,	177	00	000034696 -11/20/0007	5 <b>401</b> 1016031 **** <sup>750.00</sup>
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
BAILES, NICHOLAS TODD					Name NiCHOAS TOOD BAILES  Street Address (P.Q. Box Number is Not Acceptable)			
419 S.W. 8TH TERRACE FORT LAUDERDALE FL 33312			538 NORNINGSIDE DR. Suite, Apt. #, Etc.					
				CITY POLITE VEDICA S			EACH FL	Zip Code 32082
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 Date 9/20/2000 REGISTERED AGENT MUST SIGN								
this rein	that I am an officer or director or the receivatatement application, the reason for dissortine corporation have been paid and the	lution has been names of individ	eliminated, uals listed o	the corpo in this forr	rate name satisfies n do not qualify for	the requirements an exemption uni	of section 607.0401 or 617.04	01, F.S., that all fees