

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 06, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P99000036353**

1. Corporation Name

GLOBAL STRUCTURE SERVICE, INC.

Principal Place of Business

Mailing Address

~~538 MORNINGSIDE DR~~
~~PONTE VEDRA BEACH FL 32082~~

~~538 MORNINGSIDE DR~~
~~PONTE VEDRA BEACH FL 32082~~

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

2. New Principal Office Address, If Applicable

152 N.W. 12 Ave.

Suite, Apt. #, etc.

City & State

Boca Raton Florida

Zip

33486

Country

USA

3. New Mailing Office Address, If Applicable

152 N.W. 12th Ave.

Suite, Apt. #, etc.

City & State

Boca Raton Florida

Zip

33486

Country

USA



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1999

5. FEI Number

65-0914328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75*Additional Fee required
for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

8. Name and Address of Current Registered Agent

~~BAILES, NICHOLAS TODD~~

~~538 MORNINGSIDE DR~~

~~PONTE VEDRA BEACH FL 32082~~

9. Name and Address of New Registered Agent

Name

Nicholas Todd Bailes

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

~~538 MORNINGSIDE DR~~ **152 N.W. 12 Ave**

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/04/02

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

12/04/02 **(454) 683 2975**

Date

Daytime Phone #

CR2E040 (8/02)