	_	PLEASE RE	AD ALL INS	rruct	IONS BEFORE	COMPLET	ING THIS FORM.
	RPORAT STATEM	海 通過		Secretar	TMENT OF STATE ry of State CORPORATIONS		FILED 03 OCT 22 PM 12: 32
DOCUMENT # P99000108709 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA
Global Barrier Systems, Corporation							وساء وساء وساء حساء حساء وساء عليه وساء وساء وساء وساء وساء وساء وساء وساء
2. Principal Office Address 3. Mailing Office Address						10/2	0 00 23335295 3/0301015014 **150.00
1					ox 770126		12 0000 000
Suite, Apt. #, etc. Suite, Apt. #						07/23	103 01025 013 75 Win
City & State City & State						To Do Bus	porated or Qualified iness in Florida 1999
				5. FEI Num			Applied For Not Applicable
^{Zip} 34476	-9375	Country U.S.A.	Zip 34477-0	0126	Country U.S.A.	6.	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent							
	Name Debra Salls Spriggs Street Address (P.O. Box Number is Not Acceptable) 5861 S.W. 103rd Street Road						
	Suite, Apt. #, Etc.						127 () -OZC 1
74	City Ocala					1 192	State 2ip Code
<u> </u>	16 04470 0070						
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 What Salls Springer REGISTERED AGENT WU					SIGN		Date
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 Eac Officer and/or Directo	h	City / State / Zip
Ρ	Jimmy W. Daniels			-1671-Seabreeze Dr.			Tarpon Springs, FL 34689
v	Donald NeSmith			Box 4025 Salem Road			Boston, GA 31626
т	W.A. Salls			5861 S.W. 103rd Street Road		ad	Ocala, Florida 34476-9375
s	Darwin A. Salls			5861 S.W. 103rd Street Road		ad	Ocala, Florida 34476-9375
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 filling							
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.							

Darwin A. Salls, Sec.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 875-5972

Daytime Phone #

10/21/03 Date