PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	ENT		DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			2007 JUL 18 PM 12: 44			
DOCUMENT # P99000109161 1. Corporation Name				SEURE JARY OF STATE SEURE JARY OF STATE TAIREINSTATEMENT					
Global Access Technologies, Inc.					000106328910 67/18/0701017016 **1058.75				
2. Principal Office Address - No P.O. Box # 445 Bluejay Way	ffice Address uejay Way				CR2E	.081 (1/07)			
Suite, Apt. #, etc.	etc.			A Data becomested at Qualified					
City & State Orlando, Florida 32828	lo, Florida 32828			To Do Business in Florida 12/16/1999 59-3617262 Applied For Not Applied For Not Applied For					
32828 Country U.S.A.	^{Zip} 32828		Country U.S.A.		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent									
Hendry, Stoner, Calandrino & Brown, P.A. 20 North Orange Avenue Suite Att 600				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement					
Örlando, Florida 32828	State 32826		fee be waived.						
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 Prince Registered Agent Prince Registered Agent Prince Registered Agent Prince Registered Agent Registered									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
George A. Tunaya	George A. Tunaya, Jr.		16574 CEDAR RUN			E Orlando, Florida 32828			
vsa President <mark>a</mark> MICHAEL J. WHI				3421 SEMINOLE AV			OVIEDO, Florida 32765		
ROBERT CRO	ROBERT CROWELL			1606 CYPRESS RIDGE D			Orlando, Florida 32825		
Director NORBERTO CL	tor NORBERTO CLANOR			2665 PARADISE ROAI			BAD, CA	92009	
Director KEITH SLAGE	ctor KEITH SLAGE			587 PALM DRIVE			OVIEDO, FLORIDA 32765		
Director KRISTEN WAR	tor KRISTEN WARREN			11400 WAGON ROAD, #B			ORLANDO, FLORIDA 32826		
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									