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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 17 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100085641051
01/23/07--01005--017 **450.00

DOCUMENT # **PO3 000015432**

1. Corporation Name
GLM Healthcare Services, Inc.

2. Principal Office Address 2263 NW 2nd Ave		3. Mailing Office Address same	
Suite, Apt. #, etc. 206		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State	
Zip 33431	Country USA	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **2003**

5. FEI Number **81-0595809**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DAVID WINTER

Street Address (P.O. Box Number is Not Acceptable)
2263 NW 2nd Ave

Suite, Apt. #, Etc.
206

City
Boca Raton

State
FL

Zip Code
33431

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 **David Winter** Date **1-9-07**

REGISTERED AGENT MUST SIGN

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 Each Officer and/or Director	City / State / Zip
P.S.T All	DAVID WINTER	2263 NW 2nd Ave #206	Boca Raton FL 33431

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 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 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: **David Winter** **DAVID WINTER** **1-9-07** **561-338-3150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Confidential Memorandum

From: David Winter GLM Healthcare Services, Inc.
2263 NW 2nd Avenue, Ste 206
Boca Raton, Florida 33431

Questions? Phone: 561-338-3150
Fax: 561-338-2181

To: Department Of State(Florida)
Division Of Corporations
Address: PO Box 6327, Tallahassee, FL 32314
Date: Tuesday, January 09, 2007

MESSAGE:

As per my discussion today with Michelle Milligan of your office, enclosed is the Corporation Reinstatement Form, including all of our updated information. As per Ms. Milligan, the check enclosed is for \$450.00 representing the filing fee for 2005, 2006, and 2007. Due to the fact that the 2005 notice was not received, as per Ms. Milligan, please waive the reinstatement fee.

Thank you in advance for your efforts on our behalf.

David Winter