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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038003

1. Corporation Name
G.L.A.W. FUTONS, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
109 S. Dale Mabry Highway	109 S. Dale Mabry Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 04/28/1997

5. FEI Number: 59-3456788 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Wendling, Allen Edward

Street Address (P.O. Box Number is Not Acceptable): 109 S. Dale Mabry Highway

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33609

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: Allen E Wendling Date: 12/04/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PSTD	Wendling, Allen Edward	109 S. Dale Mabry Highway	Tampa, FL 33609

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 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: Allen E Wendling Date: 12/04/03 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State

Division of Corporations

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Shari Cerreta
102-6544

CORPORATION REINSTATEMENT

G.L.A.W. FUTONS, INC.

Certificate of Status	0
Certified Copy	0
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