

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # P98000000782

1. Corporation Name

Gerald G. Glass, P.A.

2. Principal Office Address

3970 Martin Court

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

3. Mailing Office Address

3970 Martin Court

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33331

Country

USA

REINSTATEMENT

02-04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 01/05/1998

5. FEI Number

65-0884786

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

Gerald G. Glass

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

3970 Martin Court

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

900035703809
05/06/04--01028--033 **108.75

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

Date

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/D	Gerald G. Glass	3970 Martin Court	Weston, FL 33331

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 599-9933

CR2E081 (01/04)