


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

05 APR -6 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000096650
1. Corporation Name
GLACER, INC.

REINSTATEMENT 03-04

2. Principal Office Address c/o HEP 201 S. Biscayne Blvd.		3. Mailing Office Address c/o HEP 201 S. Biscayne Blvd.	
Suite, Apt. #, etc. Suite 1500		Suite, Apt. #, etc. Suite 1500	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/03/99

5. FEI Number 98-0452223 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 CORPORATION COMPANY OF MIAMI	800051140308
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard	04/19/05--01006--010 **1058.75
Suite, Apt. #, Etc. Suite 1500	
City Miami	State FL Zip Code 33131

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 Laura Neurohr, VICE PRESIDENT Date 4-5-05
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
D	Laura Neurohr	c/o HEP 201 S. Biscayne Blvd. #1500	Miami, FL 33131
D	Ernesto Neurohr	c/o HEP 201 S. Biscayne Blvd. #1500	Miami, FL 33131
D	Gretel Neurohr	c/o HEP 201 S. Biscayne Blvd. #1500	Miami, FL 33131
D	Carla Neurohr	c/o HEP 201 S. Biscayne Blvd. #1500	Miami, FL 33131

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)(t), 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: Laura Neurohr de Faith Laura Neurohr, Director Date 03/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)