

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 28 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 286 263

1. Corporation Name

Gloworth Inc

2. Principal Office Address - No P.O. Box #

400 Gloucester St

Suite, Apt. #, etc.

3. Mailing Office Address

400 Gloucester St

Suite, Apt. #, etc.

City & State

Englewood, New Jersey

City & State

Englewood, New Jersey

Zip

07631

Country

USA

Zip

07631

Country

USA

REINSTATEMENT - 2010-2011

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1964

5. FEI Number

591088409

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

Schulz, Kathleen

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

3801 S. Westshore Blvd

Suite, Apt. #, Etc

City

Tampa, Florida

State

FL

Zip Code

33611

800215591438

12/28/11-01039-003 **908.75

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

Kathleen Schulz

Date 12/27/11

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
PD	NEUWIRTH, Roberts	400 Gloucester St	Englewood, N.J. 07631
S	NEUWIRTH, Laura	1713 N. Stafford St	Arlington, VA 22207
T	NEUWIRTH, JESSICA	91 25 Central Park West	New York, N.Y. 10023

10. E-mail Address: r.neuwirth@att.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert S. Neuwirth

Robert S. Neuwirth, Pres.

Dec. 27, 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

201-871-9507
812-871-4271
Daytime Phone #