## 2009 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 450764** 

Address:

City-St-Zip:

5021 100 WAY N

SAINT PETERSBURG, FL 33708

FILED Oct 08, 2009 Secretary of State

Entity Nam	ne: GLENI	N MOOI	N, INC.						
Current Principal Place of Business:				New Princ	New Principal Place of Business:				
12400 49TH CLEARWA			+						
Current Ma	ailing Add	ress:		New Maili	New Mailing Address:				
12400 49TH CLEARWA			+						
FEI Number:	59-1531227	FE	I Number Applied For()	FEI Number Not App	licable ( )	Certifica	ate of Status De	sired (X)	
Name and Address of Current Registered Agent: Name and						f New Reg	gistered Agen	nt:	
MOON,GLE 12400 49TH CLEARWA	STREET		l US						
The above in the State	named enti of Florida.	ity subm	nits this statement for the p	ourpose of changing	ts registere	d office or ı	registered age	ent, or both,	
SIGNATUR	E: NATAS	SHA PIE	ERCE						
	Elect	ronic Si	gnature of Registered Age	ent			Date		
			o), F.S., the corporation did no st Fund Contribution ( ).	t receive the prior notic	e.				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PST MOON, GLE 485-58TH A SAINT PETE	VE.N.E.	te 3, FL 33703	Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name: Address: City-St-Zip:	CD MOON, GLE 485 58TH A SAINT PETE	VE NE	te G, FL 33703	Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition		
Title: Name:	V WOOD, NA	()Delet	te	Title: Name:	V PIERCE, NA	(X) Change	( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5021 100 WAY N

SAINT PETERSBURG, FL 33708

SIGNATURE: NATASHA PIERCE V 10/08/2009