

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735671

1. Corporation Name

Gladesmasters, Inc.

2. Principal Office Address

10248 Dorchester Drive
Suite, Apt. #, etc.

3. Mailing Office Address

10248 Dorchester Dr.
Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33428

Country

Palm Beach

City & State

Boca Raton, Florida

Zip

33428

Country

Palm Beach

REINSTATEMENT 98-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/1976

5. FEI Number

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

Gene McCarthy

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

10248 Dorchester Drive

Suite, Apt. #, Etc.

City

Boca Raton,

200003241242-9

05/05/00-01084-009

***358.50 ***358.50

W00000006631

State
FL

Zip Code

33428

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**

Gene McCarthy

REGISTERED AGENT MUST SIGN

Date 02/24/2000

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
Pres.	Tim Cox D	4761 NE 13th Avenue	Oakland Park, FL 33334
VP	Rich Fell, Jr. T	2941 NE 7th Terrace	Pompano Beach, FL 33064
Sec.	Carl Harper T	9621 NW 11th Street	Plantation, FL 33322
Treas.	John Lippincott T	4240 NE 26th Avenue	Lighthouse Point, FL 33066

KE

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:

Carl Harper

Carl Harper 2/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-474-5128

Daytime Phone #

CR2E081 (9/99)