

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAR -5 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 751070

1. Corporation Name

Glenview Peninsula Assoc. Inc  
216 Glenview Blvd  
Daytona Bch. FL 32118

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

1034 Ridgewood Ave

Suite, Apt. #, etc.

Ste 1

City & State

Holly Hill

Zip

FL

Country Volusia

US

3. Mailing Office Address

1034 Ridgewood Ave

Suite, Apt. #, etc.

Ste 1

City & State

Holly Hill

Zip

32117

Country

US

**REINSTATEMENT 07-08**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2003115

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

Tyler Property Mgmt

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

1034 Ridgewood Ave Ste 1

Suite, Apt. #, Etc.

City

Holly Hill

State

FL

Zip Code

32117

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

REGISTERED AGENT MUST SIGN

Date 1-22-2008

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.	Brown, Jane	216 Glenview Blvd # 206	Daytona Bch. FL 32118
VP	Pyke, Inga	830 Airport Rd # 413	Port Orange, FL 32128
T	Seamov, Jean	216 Glenview Blvd # 106	Daytona Bch, FL 32118
S	Rivera, Beth	PO Box 20566	Jax, FL 32241
			200116303062 01/29/08--01005--009 **236.25
			200116303062 03/12/08--01026--022 **61.25

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 contained in Chapter 119, 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

1/5/08

Date

386-226-4580

Daytime Phone #