PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 16 AM 8:00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757366

1. Corporation Name
Glenwood Village Condominium Association, Inc.

REINSTATEMENT 03-04
MRD

2. Principal Office Address	**3.** Mailing Office Address
c/o Grams Plus, Inc 2000 N. Florida Mango Rd.	same
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: same
City & State: W. Palm Beach, FL	City & State: same
Zip: 33409 Country: U S	Zip: same Country: same

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2-13-2-250 — 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: Kim Foose

Street Address (P.O. Box Number is Not Acceptable): 2000 N. Florida Mango Rd.

700038107397
05/21/04--01014--006 **236.25

Suite, Apt. #, Etc.: # 102

700038107397
07/16/04--01058--001 **70.00

City: W. Palm Beach — State: FL — Zip Code: 33409

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: Kim Foose — Date: 4/9/04
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/Dir	Joi Gibson	4641 Perth Rd.	W. Palm Beach, FL 33415
V.P./Dir.	Donna Carpenter	471 Glenwood Dr.	W. Palm Beach, FL 33415
Sec-Treas/Dir.	Jon Commander	P.O. Box 20846	W. Palm Beach, FL 33416

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: Kim Foose — 4/9/04 — 561-758-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #