PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

02 APR 19 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99 00000 1164

1. Corporation Name

Glen Daniels C orporation

REINSTATEMENT 00-02

2. Principal Office Address	**3.** Mailing Office Address
2529 Van Ness Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
San Francisco, CA	
Zip 94109 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 04-23-1992

5. FEI Number 94-3157099 ☐ 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: CT Corpoation System

300005393798--2
-04/30/02--01065--014
***1050.00 *** 050.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: NASEEM A. OONDE
REGISTERED AGENT MUST SIGN
SPECIAL ASST. SECRETARY

Date: 4.15-02

CR2E081 (9/01)

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	Glenn J. Daniels	2529 Van Ness Ave	San Francisco, CA 94109
V	Craig S. DePretto	2529 Van Ness Ave.	San Francisco, CA 94109
T	Tracey L. Daniels	2529 Van Ness Ave.	San Francisco, CA 94109

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: Glenn J. Daniels (800)210-4358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Glen Daniels Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2529 Van Ness Ave.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Francisco, CA	City & State: /
Zip: 94109 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 94-3157099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Naseem A. Conde 4.15.02

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

Signature, typed or printed name of ... (Title ...) (Required signature when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: CEO/President NAME: Glenn J. Daniels STREET ADDRESS: 2529 Van Ness Avenue CITY-ST-ZIP: San Francisco, CA 94109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Exec. Vice President NAME: Craig S. DePretto STREET ADDRESS: 2529 Van Ness Ave CITY-ST-ZIP: San Francisco, CA 94109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Treasurer NAME: Tracey L. Daniels STREET ADDRESS: 2529 Van Ness avenue CITY-ST-ZIP: San Francisco, CA 94109	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034S (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn J. Daniels 04/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Glen Daniels Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2529 Van Ness Ave. Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: San Francisco, CA	City & State	4. FEI Number: 94-3157099 ☐ Applied For ☐ Not Applicable
Zip: 94109 Country: USA	Zip Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NASEEM A. CONDE SPECIAL ASST. SECRETARY 4.15.02

Signature, typed or printed name of registered agent and title if agent is an entity (required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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Amended UBR is $61.25
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TITLE: Exec. Vice President NAME: Craig S. DePretto STREET ADDRESS: 2529 Van Ness Ave CITY-ST-ZIP: San Francisco, CA 94109	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Treasurer NAME: Tracey L. Daniels STREET ADDRESS: 2529 Van Ness avenue CITY-ST-ZIP: San Francisco, CA 94109	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 above or an attachment with an address, with all other like empowered.

SIGNATURE: Glenn J. Daniels 04/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name
Glen Daniels Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
2529 Van Ness Ave.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: San Francisco, CA	City & State	4. FEI Number: 94-3157099 ☐ Applied For ☐ Not Applicable
Zip: 94109 Country: USA	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Naseem A. Conde 4.15.02
Signature, typed or printed name of registered agent and title if applicable. Date

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
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Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO/President
NAME	Glenn J. Daniels
STREET ADDRESS	2529 Van Ness Avenue
CITY-ST-ZIP	San Francisco, CA 94109
TITLE	Exec. Vice President
NAME	Craig S. DePretto
STREET ADDRESS	2529 Van Ness Ave
CITY-ST-ZIP	San Francisco, CA 94109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Treasurer
NAME	Tracey L. Daniels
STREET ADDRESS	2529 Van Ness avenue
CITY-ST-ZIP	San Francisco, CA 94109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E046 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IMPERIAL COLLECTION SERVICE

2529 Van Ness Avenue, San Francisco, California 94109
TOLL FREE 877.729.4638 FACSIMILE 415.447.1757 E-MAIL info@imperialcollections.com
WEB www.imperialcollections.com 4/17/02

Department of State
Divsion of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

I have enclosed the following for your review,.

A Reinstatement Form
Anunuals for 2000, 2001, and 2002.
A check in the amount of $1, 050.00

If you anyquestions or need more iinformation please call me at (800)210-4358, ext. 2005

Thank you,

Kimberly Wilkerson

Kimberly Wilkerson