

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 14 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 19185

1. Corporation Name

Glenwood Properties, Inc.

2. Principal Office Address

4731 SW 178 Ave.

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

Zip

33331

Country

3. Mailing Office Address

5280 SW 186 Ave.

Suite, Apt. #, etc.

City & State

Southwest Ranches, FL

Zip

33332

Country

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

1/18/83

5. FEI Number

592236925

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

Debra Whitice Hamer

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

4731 SW 178 Ave.

Suite, Apt. #, Etc.

City

Southwest Ranches,

State
FL

Zip Code
33331

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

Debra Whitice Hamer

Date

9-13-05

REGISTERED AGENT MUST SIGN

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
D	Debra Whitice Hamer	5280 SW 186 Ave.	Southwest Ranches, FL 33332
D	William Dale Whitice	4731 SW 178 Ave.	Southwest Ranches, FL 33331
D	Cheryl Whitice Dotson	4613 Barclay Lane	Tallahassee, FL 32309

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:

Debra Whitice Hamer

Debra Whitice Hamer)

7/19/05

954-680-4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)