PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 26 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500028435845
03/26/04--01079--022 **150.00

500028435845
02/09/04--01058--017 **750.00

REINSTATEMENT 03-04

DOCUMENT # H29630

1. Corporation Name
GLENDALE APARTMENT MANAGEMENT Company, Inc.

2. Principal Office Address	3. Mailing Office Address
11738 N. 14TH ST	1311 WESTON ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TORONTO ON
Zip: 33612 Country: USA	Zip: M6M 4R6 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 12/01/84

5. FEI Number: 59-2539003 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GEORGIA A. HILLER, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 153 NORTH ST
Suite, Apt. #, Etc.:
City: NAPLES State: FL Zip Code: 34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ Date: 3/22/04
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
MG.	CATHARINE CHAYKO	1311 WESTON ROAD	TORONTO ON CANADA M6M 4R6

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 the 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.

416-243

SIGNATURE: C Chayko 1/21/04 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #